

SERFF Tracking Number: RNIC-126812722 State: Arkansas
Filing Company: Reserve National Insurance Company State Tracking Number: 46785
Company Tracking Number:
TOI: H10I Individual Health - Dental Sub-TOI: H10I.000 Health - Dental
Product Name: C-DV-1009-A - Direct Mail Application 2010
Project Name/Number: C-DV-1009-A - Direct Mail Application 2010/

Filing at a Glance

Company: Reserve National Insurance Company

Product Name: C-DV-1009-A - Direct Mail SERFF Tr Num: RNIC-126812722 State: Arkansas

Application 2010

TOI: H10I Individual Health - Dental SERFF Status: Closed-Approved- State Tr Num: 46785
Closed

Sub-TOI: H10I.000 Health - Dental

Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Kyle Conrad, Brenda Disposition Date: 09/27/2010

Ingram, Misty Anglin

Date Submitted: 09/14/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: C-DV-1009-A - Direct Mail Application 2010

Status of Filing in Domicile: Pending

Project Number:

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: 09/27/2010

Explanation for Other Group Market Type:

State Status Changed: 09/27/2010

Deemer Date:

Created By: Brenda Ingram

Submitted By: Brenda Ingram

Corresponding Filing Tracking Number:

Filing Description:

Ms. Rosalind D. Minor

Certified Rate and Form Analyst

Life and Health Division

Arkansas Insurance Department

1200 West Third Street

Little Rock, AR 72201-1904

SERFF Tracking Number: RNIC-126812722 State: Arkansas
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RE: Reserve National Insurance Company - NAIC # 68462; FEIN# 73-0661453
Form C-DV-1009-A – Direct Mail Application for Supplemental Dental and Vision Expense Policy
Form RP-A&H-DM – Notice to Applicant Regarding Replacement

Dear Ms. Minor:

We are submitting the above-referenced forms, which we request you consider for approval. This is a new filing not previously submitted.

Form C-DV-1009-A will be used as the direct mail application for our individual Supplemental Dental and Vision Expense Policy Form DV-1, which was previously approved by your office. Form RP-A&H-DM will be used in the appropriate cases when Form C-DV-1009-A indicates that replacement is involved.

If this filing meets with your approval, please send us evidence thereof.

Thank you for your consideration in this matter. If there are any questions, you may contact me by telephone at (800) 874-1431, by fax at (405) 840-3426 or by e-mail at kconrad@unitrin.com.

Sincerely,

Kyle D. Conrad
Senior Vice President
and Associate Corporate Counsel

Company and Contact

Filing Contact Information

Kyle Conrad, Vice President & Associate Corporate Counsel
6100 N. W. Grand Blvd
Oklahoma City, OK 73118
kconrad@unitrin.com
800-874-1431 [Phone] 549 [Ext]

Filing Company Information

Reserve National Insurance Company
6100 N.W. Grand Boulevard
Oklahoma City, OK 73118
CoCode: 68462
Group Code: 215
Group Name: Reserve National
State of Domicile: Oklahoma
Company Type: Life and Health
State ID Number:

SERFF Tracking Number: RNIC-126812722 State: Arkansas
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(405) 848-7931 ext. 549[Phone] FEIN Number: 73-0661453

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: 2 forms @ 50.00 ea.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Reserve National Insurance Company	\$100.00	09/14/2010	39484222

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/27/2010	09/27/2010

SERFF Tracking Number: *RNIC-126812722* *State:* *Arkansas*
Filing Company: *Reserve National Insurance Company* *State Tracking Number:* *46785*
Company Tracking Number:
TOI: *H101 Individual Health - Dental* *Sub-TOI:* *H101.000 Health - Dental*
Product Name: *C-DV-1009-A - Direct Mail Application 2010*
Project Name/Number: *C-DV-1009-A - Direct Mail Application 2010/*

Disposition

Disposition Date: 09/27/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *RNIC-126812722* *State:* *Arkansas*
Filing Company: *Reserve National Insurance Company* *State Tracking Number:* *46785*
Company Tracking Number:
TOI: *H101 Individual Health - Dental* *Sub-TOI:* *H101.000 Health - Dental*
Product Name: *C-DV-1009-A - Direct Mail Application 2010*
Project Name/Number: *C-DV-1009-A - Direct Mail Application 2010/*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Direct Mail Application for Supplemental Dental and Vision Expense Policy	Approved-Closed	Yes
Form	Notice to Applicant Regarding Replacement	Approved-Closed	Yes

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/27/2010	C-DV-1009-A	Application/Enrollment Form	Direct Mail Application for Supplemental Dental and Vision Expense Policy	Initial			C-DV-1009-A.pdf
Approved-Closed 09/27/2010	RP-A&H-DM	Other	Notice to Applicant Regarding Replacement	Initial			RP-A&H-DM.pdf

Dental & Vision

3 EASY STEPS

- 1 CHOOSE YOUR PLAN
- 2 COMPLETE APPLICATION
- 3 MAIL FORM WITH PAYMENT

QUESTIONS?

CALL TOLL FREE 1-800-654-9106

[Two Great Coverages - One Low Price!]

CHOOSE YOUR PAYMENT OPTION

PAYMENT OPTIONS:	Monthly Rates - Based on Age		
	1-18	19-64	65-99
Pay By Check or Credit Card	\$32.35	\$39.60	\$46.35
SAVE 8% - BEST VALUE ▶ Pay By Automatic Bank Draft	\$29.75	\$36.45	\$42.65

(SAVE APPROXIMATELY 1 MONTH PREMIUM PER YEAR WITH THIS OPTION)

Pays up to \$1,500 in benefits per person, each year, after \$100 annual deductible per person.

YOUR CONTACT INFORMATION: (PLEASE PRINT)

NAME _____ PHONE () - _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____

LIST ALL THOSE TO BE INSURED BELOW:

NAME			RELATIONSHIP	SEX	DATE OF BIRTH	AGE	PLAN RATE
FIRST	MIDDLE	LAST					SEE ABOVE
							\$
							\$
							\$
							\$

- 1) Does any applicant currently have a dental crown or bridge, or wear dentures? Yes No
- 2) Has any applicant been advised to have any dental work which has not been completed? Yes No If yes, explain: _____
- 3) Does any applicant currently wear eyeglasses or contact lenses? Yes No
- 4) Does any applicant have any Dental or Vision insurance in force at this time? Yes No If yes, which applicant(s)? _____
- 5) Does any applicant intend to replace any existing insurance with the insurance applied for? Yes No
 If yes, which applicant(s) and type of insurance? _____

TOTAL: \$

METHOD OF PAYMENT:

- Check;** Amount enclosed; \$ _____ Bill me monthly. Enclosed is my first month's premium.
 (Make checks payable to Reserve National Insurance Company.)
- Credit Card;** Amount; \$ _____ Card Type: Visa MasterCard Discover
 Card# _____ Name on Card _____ Expiration Date _____
- Bank Draft;** Amount; \$ _____ This is my authorization for Reserve National Insurance Company to draft payments from my checking account for payment of my insurance premiums. **Important: write "VOID" on a blank check from this account and send it with this application.**

I am enclosing my first month's premium and understand that coverage will begin when the policy is issued by Reserve National Insurance Company. I have read my state's fraud statement (if applicable) on the back of this application.

Applicant's Signature _____ Date _____

(RETURN IN POSTAGE PAID ENVELOPE)

Individually underwritten by Reserve National Insurance Company.



601 E. Britton Road
 Oklahoma City, OK 73114
 1-800-654-9106

IMPORTANT NOTICES TO RESIDENTS OF CERTAIN STATES

ALABAMA, OKLAHOMA AND SOUTH DAKOTA RESIDENTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

ARKANSAS RESIDENTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO RESIDENTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

IDAHO RESIDENTS: All statements by any applicant in the application for insurance are representations, not warranties.

KENTUCKY RESIDENTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

LOUISIANA RESIDENTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW MEXICO RESIDENTS: Any person who knowingly presents a false or fraudulent claim of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OHIO RESIDENTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

PENNSYLVANIA RESIDENTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

TENNESSEE RESIDENTS: CAUTION: If your answers on this application are incorrect or untrue, Reserve National Insurance Company has the right to deny benefits or rescind your policy. **NOTICE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VIRGINIA RESIDENTS: The applicant certifies that he or she has read, or had read to him or her, the completed application and that the applicant realizes that any false statement or misrepresentation in the application may result in loss of coverage under the policy, if issued.



601 East Britton Road ▪ Oklahoma City, OK 73114
www.ReserveNational.com

NOTICE TO APPLICANT REGARDING REPLACEMENT OF ACCIDENT AND SICKNESS INSURANCE

According to your application, you intend to lapse or otherwise terminate existing accident and sickness insurance and replace it with the policy delivered herewith issued by Reserve National Insurance Company. Your new policy provides 10 days within which you may decide without cost whether you desire to keep the policy. For your own information and protection you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

1. Health conditions which you may presently have (pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy whereas a similar claim might have been payable under your present policy.
2. You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.
3. If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, read the copy of the application attached to your new policy and be sure that all questions are answered fully and correctly. Omissions or misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to us at the address shown below within 10 days if any information is not correct and complete, or if any past medical history has been left out of the application.

Reserve National Insurance Company
601 East Britton Road
Oklahoma City, OK 73114
Telephone: (800) 6549106 or (405) 848-7931

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	09/27/2010
Bypass Reason:	NA		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	09/27/2010
Bypass Reason:	NA		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	09/27/2010
Bypass Reason:	NA		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	09/27/2010
Bypass Reason:	NA		
Comments:			