

SERFF Tracking Number: AMLC-126985848 State: Arkansas
Filing Company: Globe Life and Accident Insurance Company State Tracking Number: 47697
Company Tracking Number: 2011 AR GMSX RATE FILING
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010
Product Name: 2011 Globe Individual Standardized Medicare Supplement for Plans A, B, C, and F
Project Name/Number: 2011 AR GMSX Rate Filing /2011 AR GMSX Rate Filing

Filing at a Glance

Company: Globe Life and Accident Insurance Company

Product Name: 2011 Globe Individual Standardized Medicare Supplement for Plans A, B, C, and F
SERFF Tr Num: AMLC-126985848 State: Arkansas

TOI: MS08I Individual Medicare Supplement - Standard Plans 2010
SERFF Status: Closed-Approved State Tr Num: 47697

Sub-TOI: MS08I.001 Plan A 2010
Co Tr Num: 2011 AR GMSX RATE FILING State Status: Approved-Closed

Filing Type: Rate

Reviewer(s): Stephanie Fowler

Author: Darla Grisolia

Disposition Date: 02/08/2011

Date Submitted: 01/13/2011

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 2011 AR GMSX Rate Filing
Project Number: 2011 AR GMSX Rate Filing
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: A filing was submitted to Nebraska, our state of domicile, on January 5, 2011 and is currently pending review.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 02/08/2011

State Status Changed: 02/08/2011

Deemer Date:

Created By: Darla Grisolia

Submitted By: Darla Grisolia

Corresponding Filing Tracking Number: 2011 AR GMSX Rate Filing

Filing Description:

Attached is our 2011 Annual Rate Filing for Individual Standardized Medicare Supplement Policy Forms GMSA/GMSA06/GMSA10, GMSB/GMSB06/GMSB10, GMSC/GMSC06/GMSC10, and GMSF/GMSF06/GMSF10. We are requesting a 0.0% rate change by policy form with a proposed effective date on the next premium due date following

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approval or as soon thereafter as allowed as indicated on our Rate Filing Summary Page. An Actuarial Memorandum, premium rate schedule, and supporting documentation are provided for your consideration. This is a Direct Solicitation Response Product.

NAIC # 91472

Company and Contact

Filing Contact Information

Darla Grisolia, Rate Compliance Specialist dgrisolia@torchmarkcorp.com
 3700 S. Stonebridge Drive 469-525-4752 [Phone]
 McKinney, TX 75070 972-569-3679 [FAX]

Filing Company Information

Globe Life and Accident Insurance Company CoCode: 91472 State of Domicile: Nebraska
 204 North Robinson Avenue Group Code: 290 Company Type: Life and Health
 Oklahoma City, OK 73102 Group Name: Liberty National State ID Number:
 (405) 270-1400 ext. [Phone] FEIN Number: 63-0782739

Filing Fees

Fee Required? Yes
 Fee Amount: \$200.00
 Retaliatory? No
 Fee Explanation: 4 rate filings X \$50.00 = \$200.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Globe Life and Accident Insurance Company	\$200.00	01/13/2011	43757926

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Stephanie Fowler	02/08/2011	02/08/2011

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Disposition

Disposition Date: 02/08/2011

Implementation Date:

Status: Approved

Comment: We have approved this rate filing. There was no increase requested.

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):
Globe Life and Accident Insurance Company	0.000%	0.000%	\$0	21	\$	0.000%	0.000%
	Percent Change Approved:						
	Minimum:	%	Maximum:	%	Weighted Average:		%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	2011 Plan A Supporting Documents	Approved	No
Supporting Document	2011 Plan B Supporting Documents	Approved	No
Supporting Document	2011 Plan C Supporting Documents	Approved	No
Supporting Document	2011 Plan F Supporting Documents	Approved	No
Rate	2011 Plan A Rate Page(s)	Approved	Yes
Rate	2011 Plan B Rate Page(s)	Approved	Yes
Rate	2011 Plan C Rate Page(s)	Approved	Yes
Rate	2011 Plan F Rate Page(s)	Approved	Yes

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Rate Information

Rate data applies to filing.

Filing Method: SERFF
 Rate Change Type: Neutral
 Overall Percentage of Last Rate Revision: 5.000%
 Effective Date of Last Rate Revision: 02/01/2010
 Filing Method of Last Filing: SERFF

Company Rate Information

Company Name:	Company Rate Change:	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):
Globe Life and Accident Insurance Company	N/A	0.000%	0.000%	\$0	21		0.000%	0.000%

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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action: Action:*	Rate Action Information:	Attachments
Approved 02/08/2011	2011 Plan A Rate Page(s)	GMSA, GMSA06, Revised GMSA10		Previous State Filing Number: Percent Rate Change Request:	44149 2011 GMSX Plan A Rate Page.pdf
Approved 02/08/2011	2011 Plan B Rate Page(s)	GMSB, GMSB06, Revised GMSB10		Previous State Filing Number: Percent Rate Change Request:	44149 2011 GMSX Plan B Rate Page.pdf
Approved 02/08/2011	2011 Plan C Rate Page(s)	GMSC, GMSC06, Revised GMSC10		Previous State Filing Number: Percent Rate Change Request:	44149 2011 GMSX Plan C Rate Page.pdf
Approved 02/08/2011	2011 Plan F Rate Page(s)	GMSF, GMSF06, Revised GMSF10		Previous State Filing Number: Percent Rate Change Request:	44149 2011 GMSX Plan F Rate Page.pdf

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

Oklahoma City, Oklahoma

Policy Form GMSA / GMSA06 / GMSA10

2011 Annual Medicare Rate Filing

ARKANSAS

Current and Proposed Annual Premium Rates
For Policies Issued with Issue Age Rates

Issue Age (Male or Female)	Current Annual Premium	Proposed Annual Premium
All Ages	\$1,089	\$1,089

Modal Premium Factors:

Semi-Annual = Annual * .510 (rounded to near dollar)
Quarterly = Annual * .260 (rounded to near dollar)
Monthly = Annual * .088 (rounded to near \$0.50)
Bank Draft = (Modal Premium) - \$ 2.00

For Company Use: Plan Code J05

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

Oklahoma City, Oklahoma

Policy Form GMSB / GMSB06 / GMSB10

2011 Annual Medicare Rate Filing

ARKANSAS

Current and Proposed Annual Premium Rates
For Policies Issued with Issue Age Rates

Issue Age (Male or Female)	Current Annual Premium	Proposed Annual Premium
All Ages	\$1,805	\$1,805

Modal Premium Factors:

Semi-Annual = Annual * .510 (rounded to near dollar)
Quarterly = Annual * .260 (rounded to near dollar)
Monthly = Annual * .088 (rounded to near \$0.50)
Bank Draft = (Modal Premium) - \$ 2.00

For Company Use: Plan Code J06

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

Oklahoma City, Oklahoma

Policy Form GMSC / GMSC06 / GMSC10

2011 Annual Medicare Rate Filing

ARKANSAS

Current and Proposed Annual Premium Rates
For Policies Issued with Issue Age Rates

Issue Age (Male or Female)	Current Annual Premium	Proposed Annual Premium
All Ages	\$2,069	\$2,069

Modal Premium Factors:

Semi-Annual = Annual * .510 (rounded to near dollar)
Quarterly = Annual * .260 (rounded to near dollar)
Monthly = Annual * .088 (rounded to near \$0.50)
Bank Draft = (Modal Premium) - \$ 2.00

For Company Use: Plan Code J07

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

Oklahoma City, Oklahoma

Policy Form GMSF / GMSF06 / GMSF10

2011 Annual Medicare Rate Filing

ARKANSAS

Current and Proposed Annual Premium Rates
For Policies Issued with Issue Age Rates

Issue Age (Male or Female)	Current Annual Premium	Proposed Annual Premium
All Ages	\$2,085	\$2,085

Modal Premium Factors:

Semi-Annual = Annual * .510 (rounded to near dollar)
Quarterly = Annual * .260 (rounded to near dollar)
Monthly = Annual * .088 (rounded to near \$0.50)
Bank Draft = (Modal Premium) - \$ 2.00

For Company Use: Plan Code J08