

SERFF Tracking Number: UNAM-127086820 State: Arkansas
Filing Company: Union Bankers Insurance Company State Tracking Number: 48272
Company Tracking Number:
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: Multiple Medicare Supplement Policies - 2010
Project Name/Number: /

Filing at a Glance

Company: Union Bankers Insurance Company

Product Name: Multiple Medicare Supplement Policies - 2010 SERFF Tr Num: UNAM-127086820 State: Arkansas

TOI: MS06 Medicare Supplement - Other SERFF Status: Closed-Accepted State Tr Num: 48272
For Informational Purposes

Sub-TOI: MS06.000 Medicare Supplement - Other Co Tr Num: State Status: Filed-Closed
Other

Filing Type: Advertisement

Reviewer(s): Stephanie Fowler
Author: Alicia Phillips-Guiler Disposition Date: 03/18/2011
Date Submitted: 03/18/2011 Disposition Status: Accepted For Informational Purposes
Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 03/18/2011

State Status Changed: 03/18/2011

Created By: Alicia Phillips-Guiler

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Alicia Phillips-Guiler

Filing Description:

Dear Sir or Madam:

Enclosed is our Report of Multiple Medicare Supplement Policies. There are no policyholders with more than one Pennsylvania Life Insurance Company Medicare Supplement policy to report for calendar year 2010.

If additional information is needed, please contact me at 407-444-4355 or aguiler@uafc.com

Sincerely,

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Alicia P. Guiler
 Senior Compliance Analyst

Company and Contact

Filing Contact Information

Alicia Guiler, AGuiler@uafc.com
 P.O. Box 958465 407-628-1776 [Phone] 8334 [Ext]
 Lake Mary, FL 32795-8465 407-628-9021 [FAX]

Filing Company Information

Union Bankers Insurance Company CoCode: 69701 State of Domicile: Texas
 1001 Heathrow Park Lane Group Code: 953 Company Type:
 Suite 5001 Group Name: State ID Number:
 Lake Mary, FL 32746 FEIN Number: 75-0860066
 (407) 995-8000 ext. [Phone]

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Union Bankers Insurance Company	\$0.00	03/18/2011	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	03/18/2011	03/18/2011

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Disposition

Disposition Date: 03/18/2011

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Mult Medicare Supp Policies	Accepted for Informational Purposes	No

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Supporting Document Schedules

	Item Status:	Status
Satisfied - Item: Mult Medicare Supp Policies	Accepted for Informational Purposes	Date: 03/18/2011
Comments:		
Attachment:		
AR - UBIC MULT MED SUPP 2010.pdf		



1001 Heathrow Park Lane, Suite 5001
Lake Mary, FL 32746
800 824 3577 toll-free

March 15, 2011

Arkansas Department of Insurance
Life and Health Division
1200 W. Third Street
Little Rock, AR 72201-1904

Re: **UNION BANKERS INSURANCE COMPANY**
Report of Multiple Medicare Supplement Policies

NAIC# 69701

Dear Sir or Madam:

Enclosed is our Report of Multiple Medicare Supplement Policies. There are no policyholders with more than one Union Bankers Insurance Company Medicare Supplement policy to report for calendar year 2010.

If additional information is needed, please contact me at 407-444-4355 or aguiler@uafc.com

Sincerely,

A handwritten signature in cursive script that reads "Alicia P. Guiler".

Alicia P. Guiler
Senior Compliance Analyst

**FORM FOR REPORTING
MEDICARE SUPPLEMENT POLICIES
STATE OF ARKANSAS**

Company Name: Union Bankers Insurance Company

Address: 1001 Heathrow Park Lane

Lake Mary, FL 32746

Phone Number: 407-444-4355

Due March 1, annually

The purpose of this form is to report the following information on each resident of this state who has in for more than one Medicare supplement policy or certificate. The information is to be grouped by individual policy holder.

Policy and Certificate #	Date of Insurance
N/A	N/A


Signature

Alicia P. Guiler, Senior Compliance Analyst
Name and Title (please type)

March 15, 2011
Date