

| | | | |
|---------------------------------|---|-------------------------------|--|
| <i>SERFF Tracking Number:</i> | <i>AMLC-127344281</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>United American Insurance Company</i> | <i>State Tracking Number:</i> | <i>49429</i> |
| <i>Company Tracking Number:</i> | <i>2011ARGSP3</i> | | |
| <i>TOI:</i> | <i>H15I Individual Health - Hospital/Surgical/Medical Expense</i> | <i>Sub-TOI:</i> | <i>H15I.001 Health - Hospital/Surgical/Medical Expense</i> |
| <i>Product Name:</i> | <i>2011 Hospital Surgical Rate Filing</i> | | |
| <i>Project Name/Number:</i> | <i>2011 Rate Filing/2011ARGSP3</i> | | |

Filing at a Glance

Company: United American Insurance Company

Product Name: 2011 Hospital Surgical Rate SERFF Tr Num: AMLC-127344281 State: Arkansas

Filing

TOI: H15I Individual Health -

SERFF Status: Closed-Approved- State Tr Num: 49429

Hospital/Surgical/Medical Expense

Closed

Sub-TOI: H15I.001 Health -

Co Tr Num: 2011ARGSP3

State Status: Approved-Closed

Hospital/Surgical/Medical Expense

Filing Type: Rate

Reviewer(s): Rosalind Minor

Author: Sue Fisher

Disposition Date: 08/02/2011

Date Submitted: 07/29/2011

Disposition Status: Approved-Closed

Implementation Date Requested: 10/01/2011

Implementation Date: 10/01/2011

State Filing Description:

General Information

Project Name: 2011 Rate Filing

Status of Filing in Domicile: Not Filed

Project Number: 2011ARGSP3

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: A filing was not submitted to Nebraska our state of domicile because they allow a 3% trend increase every 6 months without filing for approval.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type: Individual

Overall Rate Impact: 6%

Filing Status Changed: 08/02/2011

State Status Changed: 08/02/2011

Deemer Date:

Created By: Sue Fisher

Submitted By: Sue Fisher

Corresponding Filing Tracking Number:

PPACA: Grandfathered Immed Mkt Reforms

PPACA Notes: null

Filing Description:

Attached is our 2011 Rate Filing for Hospital and Surgical Expense Policy Form GSP3. We are requesting a rate change as indicated on our Rate Filing Summary Page and as listed below.

SERFF Tracking Number: AMLC-127344281 State: Arkansas
 Filing Company: United American Insurance Company State Tracking Number: 49429
 Company Tracking Number: 2011ARGSP3
 TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical
 Hospital/Surgical/Medical Expense Expense
 Product Name: 2011 Hospital Surgical Rate Filing
 Project Name/Number: 2011 Rate Filing/2011ARGSP3

GSP3 +6.0%

An Actuarial Memorandum, premium rate schedule, and other supporting documentation are provided for your consideration.

The information provided in the Rate review Detail is based on the nationwide data being provided with this filing.

Company and Contact

Filing Contact Information

Sue Fisher, Rate Compliance Specialist sfisher@torchmarkcorp.com
 3700 S. Stonebridge Drive 972-569-3241 [Phone]
 McKinney, TX 75070 972-569-3679 [FAX]

Filing Company Information

United American Insurance Company CoCode: 92916 State of Domicile: Nebraska
 P.O. Box 8080 Group Code: 290 Company Type: Life and Health
 McKinney, TX 75070-8080 Group Name: Liberty National State ID Number:
 (972) 529-5085 ext. [Phone] FEIN Number: 73-1128555

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-----------------------------------|---------|----------------|---------------|
| United American Insurance Company | \$50.00 | 07/29/2011 | 50205916 |

SERFF Tracking Number: AMLC-127344281 State: Arkansas
Filing Company: United American Insurance Company State Tracking Number: 49429
Company Tracking Number: 2011ARGSP3
TOI: H151 Individual Health - Hospital/Surgical/Medical Expense Sub-TOI: H151.001 Health - Hospital/Surgical/Medical Expense
Product Name: 2011 Hospital Surgical Rate Filing
Project Name/Number: 2011 Rate Filing/2011ARGSP3

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 08/02/2011 | 08/02/2011 |

SERFF Tracking Number: AMLC-127344281 State: Arkansas
 Filing Company: United American Insurance Company State Tracking Number: 49429
 Company Tracking Number: 2011ARGSP3
 TOI: H151 Individual Health - Hospital/Surgical/Medical Expense Sub-TOI: H151.001 Health - Hospital/Surgical/Medical Expense
 Product Name: 2011 Hospital Surgical Rate Filing
 Project Name/Number: 2011 Rate Filing/2011ARGSP3

Disposition

Disposition Date: 08/02/2011
 Implementation Date: 10/01/2011
 Status: Approved-Closed
 HHS Status: HHS Approved
 State Review: Reviewed by Actuary
 Comment:

We have approved 6% level rate increase on your submission. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval.

| 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): |
|--------------------------------------|-----------------------------------|---------------------------|--|---|---|--|--|
| United American Insurance Company | 6.000% | 6.000% | \$ | 47 | \$ | 6.000% | 6.000% |
| | Percent Change Approved: | | | | | | |
| | Minimum: | 6.0% | Maximum: | 6.0% | Weighted Average: | | 6.0% |

SERFF Tracking Number: AMLC-127344281 State: Arkansas
 Filing Company: United American Insurance Company State Tracking Number: 49429
 Company Tracking Number: 2011ARGSP3
 TOI: H151 Individual Health - Hospital/Surgical/Medical Expense Sub-TOI: H151.001 Health - Hospital/Surgical/Medical Expense
 Product Name: 2011 Hospital Surgical Rate Filing
 Project Name/Number: 2011 Rate Filing/2011ARGSP3

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|---|----------------------|---------------|
| Supporting Document | Health - Actuarial Justification | Approved-Closed | No |
| Supporting Document | 2011 GSP3 Additional supporting documents | Approved-Closed | No |
| Rate | 2011 AR GSP3 Rate pages | Approved-Closed | Yes |

SERFF Tracking Number: AMLC-127344281 State: Arkansas
 Filing Company: United American Insurance Company State Tracking Number: 49429
 Company Tracking Number: 2011ARGSP3
 TOI: H151 Individual Health - Hospital/Surgical/Medical Expense Sub-TOI: H151.001 Health - Hospital/Surgical/Medical Expense
 Product Name: 2011 Hospital Surgical Rate Filing
 Project Name/Number: 2011 Rate Filing/2011ARGSP3

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision:
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): | |
|-----------------------------------|----------------------|-----------------------------|------------------------|--|--|-----------------------------------|------------------------------------|------------------------------------|--------------|
| United American Insurance Company | Increase | 6.000% | 6.000% | | 47 | | 6.000% | 6.000% | |
| Product Type: | | HMO | PPO | EPO | POS | HSA | HDHP | FFS | Other |
| Covered Lives: | | | | | | | | | 64 |
| Policy Holders: | | | | | | | | | 47 |

SERFF Tracking Number: AMLC-127344281 State: Arkansas
Filing Company: United American Insurance Company State Tracking Number: 49429
Company Tracking Number: 2011ARGSP3
TOI: H151 Individual Health - Hospital/Surgical/Medical Expense Sub-TOI: H151.001 Health - Hospital/Surgical/Medical Expense
Product Name: 2011 Hospital Surgical Rate Filing
Project Name/Number: 2011 Rate Filing/2011ARGSP3

Rate Review Details

COMPANY:

Company Name: United American Insurance Company
HHS Issuer Id: 00000
Product Names: Limited Benefit Hospital and Surgical Expense Policy
Trend Factors: 0.0%

FORMS:

New Policy Forms:
Affected Forms: GSP3
Other Affected Forms:

REQUESTED RATE CHANGE

INFORMATION:

Change Period: Other
Member Months: 124
Benefit Change: Increase
Percent Change Requested: Min: 6.0 Max: 6.0 Avg: 6.0

PRIOR RATE:

Total Earned Premium: 3,714,689.00
Total Incurred Claims: 1,910,543.00
Annual \$: Min: 833.00 Max: 6,340.00 Avg: 2,556.00

REQUESTED RATE:

Projected Earned Premium: 1,656,689.00
Projected Incurred Claims: 1,029,625.00
Annual \$: Min: 884.00 Max: 6,720.00 Avg: 2,709.00

SERFF Tracking Number: AMLC-127344281 State: Arkansas
 Filing Company: United American Insurance Company State Tracking Number: 49429
 Company Tracking Number: 2011ARGSP3
 TOI: H151 Individual Health - Hospital/Surgical/Medical Expense Sub-TOI: H151.001 Health - Hospital/Surgical/Medical Expense
 Product Name: 2011 Hospital Surgical Rate Filing
 Project Name/Number: 2011 Rate Filing/2011ARGSP3

Rate/Rule Schedule

| Schedule Item Status: | Document Name: | Affected Form Numbers: (Separated with commas) | Rate Action: | Rate Action Information: | Attachments |
|-------------------------------|-------------------------|---|--------------|---|---|
| Approved-Closed 08/02/2011 | 2011 AR GSP3 Rate pages | GSP3 | Revised | Previous State Filing Number: Percent Rate Change Request: | 39876 6.000 2011 AR GSP3 Rate pages.pdf |

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form GSP3

Limited Benefit Hospital, Surgical and Medical Expense Policy

ARKANSAS

Proposed Annual Premium Rates

| Miscellaneous Hospital Expense Benefit | Issue Age | Rates Effective 10/1/2011 | |
|--|---------------|---------------------------|----------|
| | | Male | Female |
| \$500 Deductible \$7,500 Maximum Benefit | CHILD (00-17) | 209.44 | 209.44 |
| | 18-25 | 328.79 | 299.20 |
| | 26-30 | 382.03 | 360.36 |
| | 31-35 | 445.39 | 472.78 |
| | 36-40 | 525.14 | 614.57 |
| | 41-45 | 668.69 | 726.00 |
| | 46-50 | 850.52 | 814.88 |
| | 51-55 | 983.40 | 913.22 |
| | 56-60 | 1,150.82 | 977.24 |
| | 61-63 | 1,286.56 | 987.80 |
| \$500 Deductible \$15,000 Maximum Benefit | CHILD (00-17) | 323.62 | 323.62 |
| | 18-25 | 509.96 | 465.19 |
| | 26-30 | 592.90 | 562.32 |
| | 31-35 | 693.66 | 737.99 |
| | 36-40 | 820.38 | 956.34 |
| | 41-45 | 1,046.32 | 1,128.82 |
| | 46-50 | 1,323.96 | 1,265.66 |
| | 51-55 | 1,526.36 | 1,413.83 |
| | 56-60 | 1,780.02 | 1,509.31 |
| | 61-63 | 1,984.95 | 1,525.26 |
| \$500 Deductible \$25,000 Maximum Benefit | CHILD (00-17) | 411.40 | 411.40 |
| | 18-25 | 650.54 | 594.55 |
| | 26-30 | 756.69 | 720.50 |
| | 31-35 | 887.59 | 945.67 |
| | 36-40 | 1,052.04 | 1,222.65 |
| | 41-45 | 1,343.21 | 1,442.54 |
| | 46-50 | 1,692.79 | 1,615.46 |
| | 51-55 | 1,947.33 | 1,800.37 |
| | 56-60 | 2,265.23 | 1,918.51 |
| | 61-63 | 2,521.31 | 1,938.53 |
| \$500 Deductible \$35,000 Maximum Benefit | CHILD (00-17) | 484.22 | 484.22 |
| | 18-25 | 767.25 | 702.02 |
| | 26-30 | 892.76 | 851.84 |
| | 31-35 | 1,048.52 | 1,118.15 |
| | 36-40 | 1,244.54 | 1,443.97 |
| | 41-45 | 1,590.05 | 1,703.02 |
| | 46-50 | 1,999.14 | 1,905.97 |
| | 51-55 | 2,296.69 | 2,121.02 |
| | 56-60 | 2,667.50 | 2,257.75 |
| | 61-63 | 2,966.04 | 2,281.18 |
| \$500 Deductible \$50,000 Maximum Benefit | CHILD (00-17) | 554.18 | 554.18 |
| | 18-25 | 879.01 | 804.87 |
| | 26-30 | 1,023.22 | 977.35 |
| | 31-35 | 1,202.52 | 1,282.93 |
| | 36-40 | 1,428.35 | 1,655.39 |
| | 41-45 | 1,825.23 | 1,952.28 |
| | 46-50 | 2,291.85 | 2,183.94 |
| | 51-55 | 2,631.09 | 2,428.58 |
| | 56-60 | 3,053.49 | 2,583.79 |
| | 61-63 | 3,393.39 | 2,610.41 |

These rates will be discounted 10% when husband and wife are covered under the same policy

Modal Premium Factors:

| | |
|------------|-------|
| Annual | 1.000 |
| Semiannual | 0.520 |
| Quarterly | 0.265 |
| Monthly | 1/11 |

Modal Premium = (Annual Premium) x (Modal Premium Factor)

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form GSP3

Limited Benefit Hospital, Surgical and Medical Expense Policy

ARKANSAS

Proposed Annual Premium Rates

| Miscellaneous Hospital Expense Benefit | Issue Age | Rates Effective 10/1/2011 | |
|--|---------------|---------------------------|----------|
| | | Male | Female |
| \$750 Deductible \$7,500 Maximum Benefit | CHILD (00-17) | 204.16 | 204.16 |
| | 18-25 | 320.76 | 291.94 |
| | 26-30 | 372.68 | 352.00 |
| | 31-35 | 434.94 | 461.78 |
| | 36-40 | 512.93 | 599.94 |
| | 41-45 | 653.29 | 708.51 |
| | 46-50 | 830.28 | 795.08 |
| | 51-55 | 959.64 | 890.67 |
| | 56-60 | 1,122.33 | 952.71 |
| | 61-63 | 1,254.22 | 963.16 |
| \$750 Deductible \$15,000 Maximum Benefit | CHILD (00-17) | 316.03 | 316.03 |
| | 18-25 | 498.30 | 454.74 |
| | 26-30 | 579.37 | 549.89 |
| | 31-35 | 678.26 | 721.60 |
| | 36-40 | 802.34 | 934.89 |
| | 41-45 | 1,023.55 | 1,103.52 |
| | 46-50 | 1,294.26 | 1,236.84 |
| | 51-55 | 1,491.60 | 1,381.27 |
| | 56-60 | 1,738.66 | 1,473.89 |
| | 61-63 | 1,938.20 | 1,489.62 |
| \$750 Deductible \$25,000 Maximum Benefit | CHILD (00-17) | 402.71 | 402.71 |
| | 18-25 | 637.12 | 582.56 |
| | 26-30 | 741.18 | 706.09 |
| | 31-35 | 869.55 | 926.75 |
| | 36-40 | 1,031.25 | 1,197.90 |
| | 41-45 | 1,316.92 | 1,413.17 |
| | 46-50 | 1,658.47 | 1,582.35 |
| | 51-55 | 1,907.18 | 1,762.75 |
| | 56-60 | 2,217.60 | 1,877.81 |
| | 61-63 | 2,467.74 | 1,897.39 |
| \$750 Deductible \$35,000 Maximum Benefit | CHILD (00-17) | 471.46 | 471.46 |
| | 18-25 | 747.34 | 684.09 |
| | 26-30 | 869.77 | 830.39 |
| | 31-35 | 1,021.79 | 1,089.88 |
| | 36-40 | 1,213.30 | 1,406.90 |
| | 41-45 | 1,550.34 | 1,659.13 |
| | 46-50 | 1,947.77 | 1,856.36 |
| | 51-55 | 2,236.63 | 2,065.03 |
| | 56-60 | 2,596.66 | 2,197.47 |
| | 61-63 | 2,886.51 | 2,220.13 |
| \$750 Deductible \$50,000 Maximum Benefit | CHILD (00-17) | 540.21 | 540.21 |
| | 18-25 | 857.23 | 785.18 |
| | 26-30 | 997.81 | 954.03 |
| | 31-35 | 1,173.26 | 1,252.13 |
| | 36-40 | 1,394.14 | 1,615.02 |
| | 41-45 | 1,782.00 | 1,904.43 |
| | 46-50 | 2,235.97 | 2,129.93 |
| | 51-55 | 2,565.86 | 2,367.53 |
| | 56-60 | 2,976.49 | 2,518.12 |
| | 61-63 | 3,306.93 | 2,544.08 |

These rates will be discounted 10% when husband and wife are covered under the same policy

Modal Premium Factors:

| | |
|------------|-------|
| Annual | 1.000 |
| Semiannual | 0.520 |
| Quarterly | 0.265 |
| Monthly | 1/11 |

Modal Premium = (Annual Premium) x (Modal Premium Factor)

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form GSP3

Limited Benefit Hospital, Surgical and Medical Expense Policy

ARKANSAS

Proposed Annual Premium Rates

| Miscellaneous Hospital Expense Benefit | Issue Age | Rates Effective 10/1/2011 | |
|--|---------------|---------------------------|----------|
| | | Male | Female |
| \$1,000 Deductible \$7,500 Maximum Benefit | CHILD (00-17) | 198.88 | 198.88 |
| | 18-25 | 312.73 | 284.57 |
| | 26-30 | 363.33 | 343.42 |
| | 31-35 | 424.16 | 450.56 |
| | 36-40 | 500.61 | 584.98 |
| | 41-45 | 637.56 | 691.02 |
| | 46-50 | 809.82 | 775.39 |
| | 51-55 | 935.55 | 868.12 |
| | 56-60 | 1,093.62 | 928.29 |
| | 61-63 | 1,221.77 | 938.19 |
| \$1,000 Deductible \$15,000 Maximum Benefit | CHILD (00-17) | 308.44 | 308.44 |
| | 18-25 | 486.86 | 444.29 |
| | 26-30 | 565.95 | 537.46 |
| | 31-35 | 662.75 | 705.43 |
| | 36-40 | 784.41 | 913.44 |
| | 41-45 | 1,000.67 | 1,078.22 |
| | 46-50 | 1,264.67 | 1,208.35 |
| | 51-55 | 1,457.06 | 1,348.71 |
| | 56-60 | 1,697.74 | 1,438.80 |
| | 61-63 | 1,892.22 | 1,454.09 |
| \$1,000 Deductible \$25,000 Maximum Benefit | CHILD (00-17) | 394.13 | 394.13 |
| | 18-25 | 623.81 | 570.57 |
| | 26-30 | 725.89 | 691.90 |
| | 31-35 | 851.73 | 908.05 |
| | 36-40 | 1,010.46 | 1,173.26 |
| | 41-45 | 1,290.52 | 1,384.02 |
| | 46-50 | 1,624.37 | 1,549.35 |
| | 51-55 | 1,867.36 | 1,725.46 |
| | 56-60 | 2,170.41 | 1,837.66 |
| | 61-63 | 2,414.50 | 1,856.69 |
| \$1,000 Deductible \$35,000 Maximum Benefit | CHILD (00-17) | 458.70 | 458.70 |
| | 18-25 | 727.43 | 666.16 |
| | 26-30 | 846.89 | 808.94 |
| | 31-35 | 995.17 | 1,061.94 |
| | 36-40 | 1,182.28 | 1,370.05 |
| | 41-45 | 1,510.85 | 1,615.79 |
| | 46-50 | 1,896.95 | 1,807.52 |
| | 51-55 | 2,177.56 | 2,009.81 |
| | 56-60 | 2,527.03 | 2,138.18 |
| | 61-63 | 2,808.30 | 2,160.29 |
| \$1,000 Deductible \$50,000 Maximum Benefit | CHILD (00-17) | 526.35 | 526.35 |
| | 18-25 | 835.67 | 765.71 |
| | 26-30 | 972.95 | 930.71 |
| | 31-35 | 1,144.33 | 1,221.55 |
| | 36-40 | 1,360.37 | 1,574.98 |
| | 41-45 | 1,738.88 | 1,857.13 |
| | 46-50 | 2,180.53 | 2,076.69 |
| | 51-55 | 2,501.29 | 2,307.36 |
| | 56-60 | 2,900.59 | 2,453.55 |
| | 61-63 | 3,221.68 | 2,478.63 |

These rates will be discounted 10% when husband and wife are covered under the same policy

Modal Premium Factors:

| | |
|------------|-------|
| Annual | 1.000 |
| Semiannual | 0.520 |
| Quarterly | 0.265 |
| Monthly | 1/11 |

Modal Premium = (Annual Premium) x (Modal Premium Factor)

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form GSP3

Limited Benefit Hospital, Surgical and Medical Expense Policy

ARKANSAS

Proposed Annual Premium Rates

| Miscellaneous Hospital Expense Benefit | Issue Age | Rates Effective 10/1/2011 | |
|--|---------------|---------------------------|----------|
| | | Male | Female |
| \$2,500 Deductible \$7,500 Maximum Benefit | CHILD (00-17) | 171.05 | 171.05 |
| | 18-25 | 269.39 | 245.52 |
| | 26-30 | 313.06 | 296.56 |
| | 31-35 | 365.97 | 389.07 |
| | 36-40 | 432.52 | 504.68 |
| | 41-45 | 551.43 | 595.76 |
| | 46-50 | 698.50 | 668.14 |
| | 51-55 | 806.08 | 747.01 |
| | 56-60 | 940.61 | 797.83 |
| | 61-63 | 1,049.62 | 806.41 |
| \$2,500 Deductible \$15,000 Maximum Benefit | CHILD (00-17) | 269.28 | 269.28 |
| | 18-25 | 425.70 | 389.07 |
| | 26-30 | 495.22 | 471.68 |
| | 31-35 | 580.91 | 618.86 |
| | 36-40 | 688.60 | 800.36 |
| | 41-45 | 879.23 | 944.13 |
| | 46-50 | 1,107.92 | 1,057.32 |
| | 51-55 | 1,274.46 | 1,178.10 |
| | 56-60 | 1,482.25 | 1,255.32 |
| | 61-63 | 1,649.67 | 1,268.41 |
| \$2,500 Deductible \$25,000 Maximum Benefit | CHILD (00-17) | 348.26 | 348.26 |
| | 18-25 | 552.53 | 506.33 |
| | 26-30 | 643.28 | 615.12 |
| | 31-35 | 756.25 | 807.18 |
| | 36-40 | 898.92 | 1,041.15 |
| | 41-45 | 1,148.73 | 1,227.71 |
| | 46-50 | 1,441.44 | 1,373.02 |
| | 51-55 | 1,653.96 | 1,526.03 |
| | 56-60 | 1,918.51 | 1,623.05 |
| | 61-63 | 2,131.47 | 1,639.88 |
| \$2,500 Deductible \$35,000 Maximum Benefit | CHILD (00-17) | 396.66 | 396.66 |
| | 18-25 | 630.85 | 578.60 |
| | 26-30 | 734.58 | 703.89 |
| | 31-35 | 864.93 | 923.78 |
| | 36-40 | 1,029.27 | 1,189.87 |
| | 41-45 | 1,316.15 | 1,402.83 |
| | 46-50 | 1,647.47 | 1,567.72 |
| | 51-55 | 1,887.71 | 1,739.98 |
| | 56-60 | 2,186.69 | 1,848.77 |
| | 61-63 | 2,426.93 | 1,867.58 |
| \$2,500 Deductible \$50,000 Maximum Benefit | CHILD (00-17) | 453.86 | 453.86 |
| | 18-25 | 722.26 | 663.08 |
| | 26-30 | 841.39 | 807.29 |
| | 31-35 | 991.43 | 1,059.63 |
| | 36-40 | 1,180.96 | 1,363.67 |
| | 41-45 | 1,510.41 | 1,607.21 |
| | 46-50 | 1,887.71 | 1,795.31 |
| | 51-55 | 2,161.28 | 1,990.78 |
| | 56-60 | 2,501.18 | 2,113.98 |
| | 61-63 | 2,774.31 | 2,135.43 |

These rates will be discounted 10% when husband and wife are covered under the same policy

Modal Premium Factors:

| | |
|------------|-------|
| Annual | 1.000 |
| Semiannual | 0.520 |
| Quarterly | 0.265 |
| Monthly | 1/11 |

Modal Premium = (Annual Premium) x (Modal Premium Factor)

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form GSP3

Limited Benefit Hospital, Surgical and Medical Expense Policy

ARKANSAS

Proposed Annual Premium Rates

| Miscellaneous Hospital Expense Benefit | Issue Age | Rates Effective 10/1/2011 | |
|--|---------------|---------------------------|----------|
| | | Male | Female |
| \$5,000 Deductible \$7,500 Maximum Benefit | CHILD (00-17) | 137.50 | 137.50 |
| | 18-25 | 217.58 | 198.88 |
| | 26-30 | 253.11 | 241.34 |
| | 31-35 | 297.11 | 316.80 |
| | 36-40 | 352.44 | 409.31 |
| | 41-45 | 450.23 | 482.68 |
| | 46-50 | 566.61 | 540.43 |
| | 51-55 | 651.20 | 601.81 |
| | 56-60 | 756.80 | 640.86 |
| | 61-63 | 841.94 | 647.46 |
| \$5,000 Deductible \$15,000 Maximum Benefit | CHILD (00-17) | 222.20 | 222.20 |
| | 18-25 | 353.10 | 323.62 |
| | 26-30 | 411.07 | 393.58 |
| | 31-35 | 483.67 | 516.45 |
| | 36-40 | 575.19 | 665.50 |
| | 41-45 | 735.35 | 784.74 |
| | 46-50 | 921.47 | 877.25 |
| | 51-55 | 1,056.55 | 974.27 |
| | 56-60 | 1,224.63 | 1,035.65 |
| | 61-63 | 1,359.71 | 1,046.21 |
| \$5,000 Deductible \$25,000 Maximum Benefit | CHILD (00-17) | 290.62 | 290.62 |
| | 18-25 | 462.99 | 425.37 |
| | 26-30 | 539.55 | 518.21 |
| | 31-35 | 636.13 | 680.13 |
| | 36-40 | 758.01 | 874.72 |
| | 41-45 | 969.76 | 1,030.70 |
| | 46-50 | 1,210.88 | 1,150.93 |
| | 51-55 | 1,385.45 | 1,275.56 |
| | 56-60 | 1,602.37 | 1,353.99 |
| | 61-63 | 1,776.50 | 1,367.63 |
| \$5,000 Deductible \$35,000 Maximum Benefit | CHILD (00-17) | 333.74 | 333.74 |
| | 18-25 | 532.62 | 489.83 |
| | 26-30 | 620.73 | 597.30 |
| | 31-35 | 732.93 | 783.86 |
| | 36-40 | 874.17 | 1,007.16 |
| | 41-45 | 1,118.70 | 1,186.68 |
| | 46-50 | 1,394.14 | 1,324.07 |
| | 51-55 | 1,593.46 | 1,465.86 |
| | 56-60 | 1,840.74 | 1,554.74 |
| | 61-63 | 2,039.29 | 1,570.36 |
| \$5,000 Deductible \$50,000 Maximum Benefit | CHILD (00-17) | 376.42 | 376.42 |
| | 18-25 | 601.59 | 553.74 |
| | 26-30 | 701.36 | 676.06 |
| | 31-35 | 828.96 | 887.04 |
| | 36-40 | 989.56 | 1,138.50 |
| | 41-45 | 1,266.76 | 1,341.01 |
| | 46-50 | 1,575.75 | 1,495.56 |
| | 51-55 | 1,799.05 | 1,653.74 |
| | 56-60 | 2,076.03 | 1,752.74 |
| | 61-63 | 2,298.45 | 1,770.23 |

These rates will be discounted 10% when husband and wife are covered under the same policy

Modal Premium Factors:

| | |
|------------|-------|
| Annual | 1.000 |
| Semiannual | 0.520 |
| Quarterly | 0.265 |
| Monthly | 1/11 |

Modal Premium = (Annual Premium) x (Modal Premium Factor)

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form GSP3

Limited Benefit Hospital, Surgical and Medical Expense Policy

ARKANSAS

Proposed Annual Premium Rates

| Surgical Procedure Benefits | Issue Age | Rates Effective 10/1/2011 | |
|--|---------------|---------------------------|--------|
| | | Male | Female |
| Maximum Benefit: \$3,000 for Surgeon \$600 for Ass't Surgeon \$750 for Anesthetist | CHILD (00-17) | 87.34 | 87.34 |
| | 18-25 | 99.88 | 112.53 |
| | 26-30 | 107.58 | 161.48 |
| | 31-35 | 124.96 | 202.07 |
| | 36-40 | 166.32 | 244.31 |
| | 41-45 | 227.26 | 288.64 |
| | 46-50 | 279.40 | 326.59 |
| | 51-55 | 332.20 | 371.25 |
| | 56-60 | 385.55 | 411.40 |
| | 61-63 | 418.88 | 429.11 |
| Maximum Benefit: \$5,000 for Surgeon \$1,000 for Ass't Surgeon \$1,250 for Anesthetist | CHILD (00-17) | 116.71 | 116.71 |
| | 18-25 | 133.65 | 151.91 |
| | 26-30 | 144.54 | 217.80 |
| | 31-35 | 168.63 | 272.69 |
| | 36-40 | 223.85 | 329.56 |
| | 41-45 | 305.80 | 388.63 |
| | 46-50 | 374.88 | 439.23 |
| | 51-55 | 444.73 | 497.64 |
| | 56-60 | 515.13 | 550.11 |
| | 61-63 | 559.02 | 573.32 |
| Maximum Benefit: \$7,500 for Surgeon \$1,500 for Ass't Surgeon \$1,875 for Anesthetist | CHILD (00-17) | 140.69 | 140.69 |
| | 18-25 | 161.48 | 184.80 |
| | 26-30 | 175.23 | 264.66 |
| | 31-35 | 205.15 | 331.76 |
| | 36-40 | 272.25 | 400.95 |
| | 41-45 | 371.91 | 472.23 |
| | 46-50 | 454.85 | 533.17 |
| | 51-55 | 538.01 | 602.47 |
| | 56-60 | 622.05 | 664.62 |
| | 61-63 | 674.52 | 691.90 |
| Maximum Benefit: \$10,000 for Surgeon \$2,000 for Ass't Surgeon \$2,500 for Anesthetist | CHILD (00-17) | 164.78 | 164.78 |
| | 18-25 | 189.53 | 218.02 |
| | 26-30 | 205.92 | 311.96 |
| | 31-35 | 241.56 | 390.83 |
| | 36-40 | 320.65 | 472.45 |
| | 41-45 | 438.02 | 556.38 |
| | 46-50 | 534.93 | 627.55 |
| | 51-55 | 632.06 | 707.96 |
| | 56-60 | 730.07 | 780.01 |
| | 61-63 | 791.23 | 811.80 |

These rates will be discounted 10% when husband and wife are covered under the same policy

Modal Premium Factors:

| | |
|------------|-------|
| Annual | 1.000 |
| Semiannual | 0.520 |
| Quarterly | 0.265 |
| Monthly | 1/11 |

Modal Premium = (Annual Premium) x (Modal Premium Factor)

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form GSP3

Limited Benefit Hospital, Surgical and Medical Expense Policy

ARKANSAS

Proposed Annual Premium Rates

| Doctor Office Visit Benefit | Issue Age | Rates Effective 10/1/2011 | |
|--|---------------|---------------------------|--------|
| | | Male | Female |
| Maximum \$25 per visit; \$50 Wellness Exam Benefit per Policy Year; \$250 Maximum Benefit per Policy Year | CHILD (00-17) | 98.67 | 98.67 |
| | 18-25 | 52.91 | 115.72 |
| | 26-30 | 59.95 | 119.68 |
| | 31-35 | 64.79 | 121.33 |
| | 36-40 | 68.86 | 122.54 |
| | 41-45 | 71.94 | 122.87 |
| | 46-50 | 73.70 | 122.87 |
| | 51-55 | 75.90 | 122.87 |
| | 56-60 | 79.64 | 122.87 |
| | 61-63 | 82.17 | 122.87 |
| Maximum \$50 per visit; \$100 Wellness Exam Benefit per Policy Year; \$500 Maximum Benefit per Policy Year | CHILD (00-17) | 200.75 | 200.75 |
| | 18-25 | 107.69 | 235.29 |
| | 26-30 | 121.99 | 243.43 |
| | 31-35 | 132.00 | 246.95 |
| | 36-40 | 140.25 | 249.26 |
| | 41-45 | 146.52 | 250.03 |
| | 46-50 | 149.93 | 250.03 |
| | 51-55 | 154.55 | 250.03 |
| | 56-60 | 162.03 | 250.03 |
| | 61-63 | 167.20 | 250.03 |
| Maximum \$75 per visit; \$150 Wellness Exam Benefit per Policy Year; \$750 Maximum Benefit per Policy Year | CHILD (00-17) | 302.06 | 302.06 |
| | 18-25 | 162.36 | 353.87 |
| | 26-30 | 183.70 | 366.08 |
| | 31-35 | 198.66 | 371.69 |
| | 36-40 | 211.20 | 375.21 |
| | 41-45 | 220.77 | 376.31 |
| | 46-50 | 225.72 | 376.31 |
| | 51-55 | 232.65 | 376.31 |
| | 56-60 | 243.76 | 376.31 |
| | 61-63 | 251.24 | 376.31 |

These rates will be discounted 10% when husband and wife are covered under the same policy

Modal Premium Factors:

| | |
|------------|-------|
| Annual | 1.000 |
| Semiannual | 0.520 |
| Quarterly | 0.265 |
| Monthly | 1/11 |

Modal Premium = (Annual Premium) x (Modal Premium Factor)

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form GSP3

Limited Benefit Hospital, Surgical and Medical Expense Policy

ARKANSAS

Proposed Annual Premium Rates

| Doctor Office Visit Benefit - Copay | Issue Age | Rates Effective 10/1/2011 | |
|--|---------------|---------------------------|--------|
| | | Male | Female |
| \$35 Primary Care Physician Copay \$35 Specialist Copay \$200 Maximum Benefit per visit \$500 Maximum Benefit per Policy Year | CHILD (00-17) | 323.73 | 323.73 |
| | 18-25 | 174.79 | 379.39 |
| | 26-30 | 197.45 | 392.26 |
| | 31-35 | 213.51 | 398.20 |
| | 36-40 | 226.82 | 402.05 |
| | 41-45 | 237.05 | 403.15 |
| | 46-50 | 242.55 | 403.15 |
| | 51-55 | 249.59 | 403.15 |
| | 56-60 | 261.14 | 403.15 |
| | 61-63 | 268.40 | 403.15 |
| \$35 Primary Care Physician Copay \$35 Specialist Copay \$200 Maximum Benefit per visit \$1,000 Maximum Benefit per Policy Year | CHILD (00-17) | 455.40 | 455.40 |
| | 18-25 | 247.17 | 534.27 |
| | 26-30 | 278.74 | 551.76 |
| | 31-35 | 301.40 | 560.34 |
| | 36-40 | 319.88 | 565.73 |
| | 41-45 | 334.40 | 567.49 |
| | 46-50 | 342.32 | 567.49 |
| | 51-55 | 351.89 | 567.49 |
| | 56-60 | 367.40 | 567.49 |
| | 61-63 | 376.53 | 567.49 |
| \$25 Primary Care Physician Copay \$50 Specialist Copay \$200 Maximum Benefit per visit \$500 Maximum Benefit per Policy Year | CHILD (00-17) | 309.10 | 309.10 |
| | 18-25 | 166.87 | 362.34 |
| | 26-30 | 188.65 | 374.66 |
| | 31-35 | 203.94 | 380.27 |
| | 36-40 | 216.48 | 383.90 |
| | 41-45 | 226.27 | 385.00 |
| | 46-50 | 231.55 | 385.00 |
| | 51-55 | 238.48 | 385.00 |
| | 56-60 | 249.37 | 385.00 |
| | 61-63 | 256.30 | 385.00 |
| \$25 Primary Care Physician Copay \$50 Specialist Copay \$200 Maximum Benefit per visit \$1,000 Maximum Benefit per Policy Year | CHILD (00-17) | 435.05 | 435.05 |
| | 18-25 | 236.28 | 510.29 |
| | 26-30 | 266.31 | 527.01 |
| | 31-35 | 287.87 | 535.15 |
| | 36-40 | 305.58 | 540.32 |
| | 41-45 | 319.33 | 542.08 |
| | 46-50 | 326.92 | 542.08 |
| | 51-55 | 336.16 | 542.08 |
| | 56-60 | 350.90 | 542.08 |
| | 61-63 | 359.70 | 542.08 |

These rates will be discounted 10% when husband and wife are covered under the same policy

Modal Premium Factors:

| | |
|------------|-------|
| Annual | 1.000 |
| Semiannual | 0.520 |
| Quarterly | 0.265 |
| Monthly | 1/11 |

Modal Premium = (Annual Premium) x (Modal Premium Factor)

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form GSP3

Limited Benefit Hospital, Surgical and Medical Expense Policy

ARKANSAS

Proposed Annual Premium Rates

| Outpatient Expense Benefit | Issue Age | Rates Effective 10/1/2011 | |
|---|---------------|---------------------------|--------|
| | | Male | Female |
| \$0 Deductible \$150 Maximum Benefit | CHILD (00-17) | 134.42 | 134.42 |
| | 18-25 | 121.99 | 194.70 |
| | 26-30 | 132.99 | 219.23 |
| | 31-35 | 135.96 | 248.93 |
| | 36-40 | 142.67 | 271.37 |
| | 41-45 | 151.58 | 285.01 |
| | 46-50 | 157.74 | 288.09 |
| | 51-55 | 167.20 | 288.20 |
| | 56-60 | 180.18 | 289.08 |
| | 61-63 | 192.06 | 290.18 |
| \$0 Deductible \$200 Maximum Benefit | CHILD (00-17) | 167.97 | 167.97 |
| | 18-25 | 153.23 | 245.63 |
| | 26-30 | 166.32 | 277.09 |
| | 31-35 | 170.72 | 313.72 |
| | 36-40 | 179.85 | 340.89 |
| | 41-45 | 190.85 | 357.06 |
| | 46-50 | 199.32 | 360.69 |
| | 51-55 | 210.43 | 360.80 |
| | 56-60 | 225.61 | 361.02 |
| | 61-63 | 238.48 | 361.46 |
| \$0 Deductible \$250 Maximum Benefit | CHILD (00-17) | 200.86 | 200.86 |
| | 18-25 | 183.37 | 294.25 |
| | 26-30 | 198.88 | 331.98 |
| | 31-35 | 204.27 | 375.76 |
| | 36-40 | 215.27 | 408.10 |
| | 41-45 | 228.58 | 427.13 |
| | 46-50 | 238.70 | 431.31 |
| | 51-55 | 252.01 | 431.53 |
| | 56-60 | 269.83 | 431.53 |
| | 61-63 | 284.79 | 431.97 |
| \$0 Deductible \$300 Maximum Benefit | CHILD (00-17) | 226.05 | 226.05 |
| | 18-25 | 206.36 | 331.10 |
| | 26-30 | 223.74 | 373.45 |
| | 31-35 | 229.79 | 422.95 |
| | 36-40 | 242.22 | 459.14 |
| | 41-45 | 257.07 | 480.59 |
| | 46-50 | 268.51 | 485.21 |
| | 51-55 | 283.47 | 485.54 |
| | 56-60 | 303.60 | 485.65 |
| | 61-63 | 320.43 | 485.98 |
| \$0 Deductible \$400 Maximum Benefit | CHILD (00-17) | 272.58 | 272.58 |
| | 18-25 | 248.82 | 399.63 |
| | 26-30 | 269.83 | 450.67 |
| | 31-35 | 277.20 | 510.18 |
| | 36-40 | 292.05 | 553.74 |
| | 41-45 | 310.31 | 579.37 |
| | 46-50 | 323.95 | 584.98 |
| | 51-55 | 341.88 | 585.31 |
| | 56-60 | 365.97 | 585.31 |
| | 61-63 | 386.10 | 585.64 |

These rates will be discounted 10% when husband and wife are covered under the same policy

Modal Premium Factors:

| | |
|------------|-------|
| Annual | 1.000 |
| Semiannual | 0.520 |
| Quarterly | 0.265 |
| Monthly | 1/11 |

Modal Premium = (Annual Premium) x (Modal Premium Factor)

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form GSP3

Limited Benefit Hospital, Surgical and Medical Expense Policy

ARKANSAS

Proposed Annual Premium Rates

| Outpatient Expense Benefit | Issue Age | Rates Effective 10/1/2011 | |
|---|---------------|---------------------------|----------|
| | | Male | Female |
| \$0 Deductible \$500 Maximum Benefit | CHILD (00-17) | 349.58 | 349.58 |
| | 18-25 | 319.22 | 512.82 |
| | 26-30 | 346.06 | 578.49 |
| | 31-35 | 355.63 | 654.72 |
| | 36-40 | 374.77 | 710.49 |
| | 41-45 | 398.09 | 743.16 |
| | 46-50 | 415.80 | 750.20 |
| | 51-55 | 438.68 | 750.64 |
| | 56-60 | 469.48 | 750.64 |
| | 61-63 | 494.89 | 750.97 |
| \$0 Deductible \$750 Maximum Benefit | CHILD (00-17) | 469.70 | 469.70 |
| | 18-25 | 429.22 | 689.92 |
| | 26-30 | 465.08 | 778.36 |
| | 31-35 | 478.17 | 880.55 |
| | 36-40 | 503.91 | 955.24 |
| | 41-45 | 535.48 | 998.91 |
| | 46-50 | 559.24 | 1,008.26 |
| | 51-55 | 589.71 | 1,008.70 |
| | 56-60 | 630.85 | 1,008.70 |
| | 61-63 | 664.51 | 1,008.70 |
| \$0 Deductible \$1,000 Maximum Benefit | CHILD (00-17) | 565.51 | 565.51 |
| | 18-25 | 516.89 | 831.27 |
| | 26-30 | 560.01 | 937.75 |
| | 31-35 | 575.85 | 1,060.73 |
| | 36-40 | 607.09 | 1,150.38 |
| | 41-45 | 644.93 | 1,202.85 |
| | 46-50 | 673.75 | 1,213.96 |
| | 51-55 | 710.38 | 1,214.62 |
| | 56-60 | 759.55 | 1,214.62 |
| | 61-63 | 799.81 | 1,214.62 |
| \$0 Deductible \$1,250 Maximum Benefit | CHILD (00-17) | 646.03 | 646.03 |
| | 18-25 | 590.81 | 950.51 |
| | 26-30 | 639.87 | 1,072.28 |
| | 31-35 | 658.24 | 1,212.75 |
| | 36-40 | 693.99 | 1,314.83 |
| | 41-45 | 737.22 | 1,374.34 |
| | 46-50 | 770.22 | 1,386.99 |
| | 51-55 | 812.02 | 1,387.76 |
| | 56-60 | 867.90 | 1,387.76 |
| | 61-63 | 913.33 | 1,387.76 |
| \$0 Deductible \$1,500 Maximum Benefit | CHILD (00-17) | 713.90 | 713.90 |
| | 18-25 | 653.07 | 1,051.16 |
| | 26-30 | 707.08 | 1,185.91 |
| | 31-35 | 727.65 | 1,340.90 |
| | 36-40 | 767.25 | 1,453.32 |
| | 41-45 | 815.32 | 1,518.99 |
| | 46-50 | 851.73 | 1,532.74 |
| | 51-55 | 897.60 | 1,533.51 |
| | 56-60 | 958.87 | 1,533.51 |
| | 61-63 | 1,008.81 | 1,533.51 |

These rates will be discounted 10% when husband and wife are covered under the same policy

Modal Premium Factors:

| | |
|------------|-------|
| Annual | 1.000 |
| Semiannual | 0.520 |
| Quarterly | 0.265 |
| Monthly | 1/11 |

Modal Premium = (Annual Premium) x (Modal Premium Factor)

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form GSP3

Limited Benefit Hospital, Surgical and Medical Expense Policy

ARKANSAS

Proposed Annual Premium Rates

| Outpatient Expense Benefit | Issue Age | Rates Effective 10/1/2011 | |
|---|---------------|---------------------------|--------|
| | | Male | Female |
| \$100 Deductible \$150 Maximum Benefit | CHILD (00-17) | 98.34 | 98.34 |
| | 18-25 | 89.76 | 144.21 |
| | 26-30 | 97.35 | 162.80 |
| | 31-35 | 99.99 | 184.14 |
| | 36-40 | 105.38 | 199.87 |
| | 41-45 | 111.98 | 209.11 |
| | 46-50 | 116.93 | 211.09 |
| | 51-55 | 123.31 | 211.20 |
| | 56-60 | 132.11 | 211.20 |
| | 61-63 | 139.26 | 211.31 |
| \$100 Deductible \$200 Maximum Benefit | CHILD (00-17) | 124.85 | 124.85 |
| | 18-25 | 114.18 | 183.26 |
| | 26-30 | 123.75 | 206.69 |
| | 31-35 | 127.05 | 233.97 |
| | 36-40 | 133.98 | 253.99 |
| | 41-45 | 142.23 | 265.65 |
| | 46-50 | 148.50 | 268.18 |
| | 51-55 | 156.86 | 268.29 |
| | 56-60 | 167.75 | 268.29 |
| | 61-63 | 176.88 | 268.40 |
| \$100 Deductible \$250 Maximum Benefit | CHILD (00-17) | 149.27 | 149.27 |
| | 18-25 | 136.29 | 219.23 |
| | 26-30 | 147.73 | 247.17 |
| | 31-35 | 151.91 | 279.73 |
| | 36-40 | 160.05 | 303.38 |
| | 41-45 | 170.17 | 317.35 |
| | 46-50 | 177.65 | 320.32 |
| | 51-55 | 187.33 | 320.54 |
| | 56-60 | 200.42 | 320.54 |
| | 61-63 | 211.20 | 320.54 |
| \$100 Deductible \$300 Maximum Benefit | CHILD (00-17) | 171.16 | 171.16 |
| | 18-25 | 156.31 | 251.35 |
| | 26-30 | 169.40 | 283.58 |
| | 31-35 | 174.24 | 320.87 |
| | 36-40 | 183.70 | 348.04 |
| | 41-45 | 195.03 | 363.88 |
| | 46-50 | 203.83 | 367.29 |
| | 51-55 | 214.94 | 367.51 |
| | 56-60 | 229.79 | 367.51 |
| | 61-63 | 242.11 | 367.51 |
| \$100 Deductible \$400 Maximum Benefit | CHILD (00-17) | 209.77 | 209.77 |
| | 18-25 | 191.84 | 308.44 |
| | 26-30 | 207.79 | 347.93 |
| | 31-35 | 213.62 | 393.69 |
| | 36-40 | 225.28 | 426.80 |
| | 41-45 | 239.25 | 446.27 |
| | 46-50 | 250.03 | 450.34 |
| | 51-55 | 263.56 | 450.56 |
| | 56-60 | 281.71 | 450.56 |
| | 61-63 | 296.67 | 450.56 |

These rates will be discounted 10% when husband and wife are covered under the same policy

Modal Premium Factors:

| | |
|------------|-------|
| Annual | 1.000 |
| Semiannual | 0.520 |
| Quarterly | 0.265 |
| Monthly | 1/11 |

Modal Premium = (Annual Premium) x (Modal Premium Factor)

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form GSP3

Limited Benefit Hospital, Surgical and Medical Expense Policy

ARKANSAS

Proposed Annual Premium Rates

| Outpatient Expense Benefit | Issue Age | Rates Effective 10/1/2011 | |
|---|---------------|---------------------------|----------|
| | | Male | Female |
| \$100 Deductible \$500 Maximum Benefit | CHILD (00-17) | 242.77 | 242.77 |
| | 18-25 | 221.98 | 357.17 |
| | 26-30 | 240.46 | 402.82 |
| | 31-35 | 247.28 | 455.62 |
| | 36-40 | 260.70 | 493.90 |
| | 41-45 | 277.09 | 516.34 |
| | 46-50 | 289.41 | 521.07 |
| | 51-55 | 305.03 | 521.29 |
| | 56-60 | 326.04 | 521.29 |
| | 61-63 | 343.20 | 521.29 |
| \$100 Deductible \$750 Maximum Benefit | CHILD (00-17) | 345.29 | 345.29 |
| | 18-25 | 315.92 | 508.53 |
| | 26-30 | 341.99 | 573.65 |
| | 31-35 | 352.00 | 648.67 |
| | 36-40 | 371.14 | 703.01 |
| | 41-45 | 394.35 | 734.69 |
| | 46-50 | 412.06 | 741.29 |
| | 51-55 | 434.17 | 741.84 |
| | 56-60 | 463.87 | 741.84 |
| | 61-63 | 487.85 | 741.84 |
| \$100 Deductible \$1,000 Maximum Benefit | CHILD (00-17) | 426.36 | 426.36 |
| | 18-25 | 390.28 | 628.54 |
| | 26-30 | 422.40 | 709.17 |
| | 31-35 | 434.94 | 801.68 |
| | 36-40 | 458.59 | 868.56 |
| | 41-45 | 487.41 | 907.50 |
| | 46-50 | 509.19 | 915.64 |
| | 51-55 | 536.47 | 916.08 |
| | 56-60 | 572.88 | 916.08 |
| | 61-63 | 602.36 | 916.08 |
| \$100 Deductible \$1,250 Maximum Benefit | CHILD (00-17) | 495.22 | 495.22 |
| | 18-25 | 453.31 | 730.51 |
| | 26-30 | 490.60 | 824.23 |
| | 31-35 | 505.23 | 931.48 |
| | 36-40 | 532.84 | 1,008.92 |
| | 41-45 | 566.28 | 1,053.91 |
| | 46-50 | 591.80 | 1,063.26 |
| | 51-55 | 623.26 | 1,064.03 |
| | 56-60 | 665.17 | 1,064.03 |
| | 61-63 | 699.16 | 1,064.03 |
| \$100 Deductible \$1,500 Maximum Benefit | CHILD (00-17) | 551.98 | 551.98 |
| | 18-25 | 505.56 | 814.99 |
| | 26-30 | 546.92 | 919.49 |
| | 31-35 | 563.42 | 1,039.06 |
| | 36-40 | 594.22 | 1,125.08 |
| | 41-45 | 631.62 | 1,175.13 |
| | 46-50 | 660.00 | 1,185.36 |
| | 51-55 | 694.98 | 1,186.02 |
| | 56-60 | 741.62 | 1,186.02 |
| | 61-63 | 779.02 | 1,186.02 |

These rates will be discounted 10% when husband and wife are covered under the same policy

Modal Premium Factors:

| | |
|------------|-------|
| Annual | 1.000 |
| Semiannual | 0.520 |
| Quarterly | 0.265 |
| Monthly | 1/11 |

Modal Premium = (Annual Premium) x (Modal Premium Factor)

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form GSP3

Limited Benefit Hospital, Surgical and Medical Expense Policy

ARKANSAS

Proposed Annual Premium Rates

| Radiation Therapy Benefit | Issue Age | Rates Effective 10/1/2011 | |
|---------------------------|---------------|---------------------------|--------|
| | | Male | Female |
| \$5,000 Maximum Benefit | CHILD (00-17) | 1.54 | 1.54 |
| | 18-25 | 2.42 | 2.31 |
| | 26-30 | 3.30 | 3.30 |
| | 31-35 | 4.07 | 4.18 |
| | 36-40 | 5.06 | 5.50 |
| | 41-45 | 6.49 | 8.36 |
| | 46-50 | 9.46 | 12.21 |
| | 51-55 | 16.06 | 17.93 |
| | 56-60 | 24.86 | 24.42 |
| | 61-63 | 29.70 | 25.52 |
| \$7,500 Maximum Benefit | CHILD (00-17) | 2.31 | 2.31 |
| | 18-25 | 3.74 | 3.63 |
| | 26-30 | 5.17 | 5.06 |
| | 31-35 | 6.38 | 6.38 |
| | 36-40 | 7.70 | 8.36 |
| | 41-45 | 9.90 | 12.98 |
| | 46-50 | 14.41 | 19.03 |
| | 51-55 | 24.97 | 27.72 |
| | 56-60 | 38.50 | 37.62 |
| | 61-63 | 45.87 | 39.38 |
| \$10,000 Maximum Benefit | CHILD (00-17) | 3.19 | 3.19 |
| | 18-25 | 5.17 | 5.17 |
| | 26-30 | 7.04 | 7.15 |
| | 31-35 | 8.80 | 9.13 |
| | 36-40 | 10.89 | 11.88 |
| | 41-45 | 14.19 | 18.37 |
| | 46-50 | 20.79 | 26.95 |
| | 51-55 | 34.98 | 38.83 |
| | 56-60 | 53.24 | 52.25 |
| | 61-63 | 63.25 | 54.34 |

These rates will be discounted 10% when husband and wife are covered under the same policy

Modal Premium Factors:

| | |
|------------|-------|
| Annual | 1.000 |
| Semiannual | 0.520 |
| Quarterly | 0.265 |
| Monthly | 1/11 |

Modal Premium = (Annual Premium) x (Modal Premium Factor)

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form GSP3

Limited Benefit Hospital, Surgical and Medical Expense Policy

ARKANSAS

Proposed Annual Premium Rates

| Other Benefits | Issue Age | Rates Effective 10/1/2011 | |
|--|---------------|---------------------------|--------|
| | | Male | Female |
| Daily Hospital Room and Board Benefit | CHILD (00-17) | 8.58 | 8.58 |
| | 18-25 | 11.22 | 9.79 |
| | 26-30 | 14.08 | 15.40 |
| | 31-35 | 19.80 | 18.70 |
| | 36-40 | 26.29 | 23.21 |
| | 41-45 | 34.21 | 32.78 |
| | 46-50 | 41.14 | 41.25 |
| | 51-55 | 49.06 | 46.53 |
| | 56-60 | 62.70 | 52.91 |
| | 61-63 | 76.45 | 58.85 |
| Per Unit. Maximum Benefit Per Unit: \$100/Day Hospital Room and Board Benefit \$200/Day Intensive Care Benefit | CHILD (00-17) | 7.81 | 7.81 |
| | 18-25 | 8.25 | 7.04 |
| | 26-30 | 8.80 | 8.25 |
| | 31-35 | 9.35 | 8.80 |
| | 36-40 | 10.78 | 9.68 |
| | 41-45 | 13.09 | 11.33 |
| | 46-50 | 14.74 | 13.97 |
| | 51-55 | 16.06 | 16.72 |
| | 56-60 | 19.91 | 17.93 |
| | 61-63 | 25.52 | 18.15 |
| Other Miscellaneous Benefits | CHILD (00-17) | 7.81 | 7.81 |
| | 18-25 | 8.25 | 7.04 |
| | 26-30 | 8.80 | 8.25 |
| | 31-35 | 9.35 | 8.80 |
| | 36-40 | 10.78 | 9.68 |
| | 41-45 | 13.09 | 11.33 |
| | 46-50 | 14.74 | 13.97 |
| | 51-55 | 16.06 | 16.72 |
| | 56-60 | 19.91 | 17.93 |
| | 61-63 | 25.52 | 18.15 |
| Inpatient Physician Expense Benefit - \$35/visit Private Duty Nurse Benefit - \$75/shift Ambulance Benefit - \$200 Refund of Premium upon Accidental Death | CHILD (00-17) | 7.81 | 7.81 |
| | 18-25 | 8.25 | 7.04 |
| | 26-30 | 8.80 | 8.25 |
| | 31-35 | 9.35 | 8.80 |
| | 36-40 | 10.78 | 9.68 |
| | 41-45 | 13.09 | 11.33 |
| | 46-50 | 14.74 | 13.97 |
| | 51-55 | 16.06 | 16.72 |
| | 56-60 | 19.91 | 17.93 |
| | 61-63 | 25.52 | 18.15 |
| Other Miscellaneous Benefits | CHILD (00-17) | 10.34 | 10.34 |
| | 18-25 | 11.00 | 9.46 |
| | 26-30 | 11.66 | 11.11 |
| | 31-35 | 12.43 | 11.77 |
| | 36-40 | 14.30 | 13.42 |
| | 41-45 | 17.49 | 15.29 |
| | 46-50 | 19.69 | 19.14 |
| | 51-55 | 21.67 | 22.77 |
| | 56-60 | 26.84 | 23.98 |
| | 61-63 | 34.43 | 24.20 |
| Inpatient Physician Expense Benefit - \$50/visit Private Duty Nurse Benefit - \$100/shift Ambulance Benefit - \$200 Refund of Premium upon Accidental Death | CHILD (00-17) | 61.38 | 61.38 |
| | 18-25 | 3.19 | 2.09 |
| | 26-30 | 3.19 | 2.09 |
| | 31-35 | 3.19 | 2.09 |
| | 36-40 | 3.19 | 2.09 |
| | 41-45 | 3.19 | 4.18 |
| | 46-50 | 3.19 | 4.18 |
| | 51-55 | 3.19 | 4.18 |
| | 56-60 | 3.19 | 4.18 |
| | 61-63 | 3.19 | 4.18 |
| Mandated Benefits | CHILD (00-17) | 61.38 | 61.38 |
| | 18-25 | 3.19 | 2.09 |
| | 26-30 | 3.19 | 2.09 |
| | 31-35 | 3.19 | 2.09 |
| | 36-40 | 3.19 | 2.09 |
| | 41-45 | 3.19 | 4.18 |
| | 46-50 | 3.19 | 4.18 |
| | 51-55 | 3.19 | 4.18 |
| | 56-60 | 3.19 | 4.18 |
| | 61-63 | 3.19 | 4.18 |

These rates will be discounted 10% when husband and wife are covered under the same policy

Modal Premium Factors:

| | |
|------------|-------|
| Annual | 1.000 |
| Semiannual | 0.520 |
| Quarterly | 0.265 |
| Monthly | 1/11 |

Modal Premium = (Annual Premium) x (Modal Premium Factor)

| | | | |
|---------------------------------|---|-------------------------------|--|
| <i>SERFF Tracking Number:</i> | <i>AMLC-127344281</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>United American Insurance Company</i> | <i>State Tracking Number:</i> | <i>49429</i> |
| <i>Company Tracking Number:</i> | <i>2011ARGSP3</i> | | |
| <i>TOI:</i> | <i>H151 Individual Health - Hospital/Surgical/Medical Expense</i> | <i>Sub-TOI:</i> | <i>H151.001 Health - Hospital/Surgical/Medical Expense</i> |
| <i>Product Name:</i> | <i>2011 Hospital Surgical Rate Filing</i> | | |
| <i>Project Name/Number:</i> | <i>2011 Rate Filing/2011ARGSP3</i> | | |

Supporting Document Schedules

| | | | |
|--------------------------|---|---------------------|----------------------------|
| | | Item Status: | Status |
| Satisfied - Item: | Health - Actuarial Justification | Approved-Closed | Date: 08/02/2011 |
| Comments: | | | |
| Attachment: | | | |
| | 2011 GSP3 Actuarial memorandum & Attachment 1.pdf | | |

| | | | |
|--------------------------|---|---------------------|----------------------------|
| | | Item Status: | Status |
| Satisfied - Item: | 2011 GSP3 Additional supporting documents | Approved-Closed | Date: 08/02/2011 |
| Comments: | | | |
| Attachments: | | | |
| | 2011 AR GSP3 Rate Filing Sum Pg.pdf | | |
| | 2011 AR GSP3 Rate history.pdf | | |
| | 2011 GSP3 NW Exp E & I.pdf | | |
| | 2011 GSP3 NW Proj & Parameters.pdf | | |