

SERFF Tracking Number: BNLA-127367566 State: Arkansas  
Filing Company: Colonial Penn Life Insurance Company State Tracking Number: 49544  
Company Tracking Number: CPL-03-B023  
TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010  
Product Name: CPL-03-B023  
Project Name/Number: CPL-03-B023/CPL-03-B023

## Filing at a Glance

Company: Colonial Penn Life Insurance Company

Product Name: CPL-03-B023

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TOI: MS09 Medicare Supplement - Other 2010

SERFF Status: Closed-Filed-Closed

State Tr Num: 49544

Sub-TOI: MS09.000 Medicare Supplement  
Other 2010

Co Tr Num: CPL-03-B023

State Status: Filed-Closed

Filing Type: Advertisement

Reviewer(s): Stephanie Fowler

Authors: Linda Young, Sue Novotny

Disposition Date: 09/02/2011

Date Submitted: 08/12/2011

Disposition Status: Filed-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: CPL-03-B023

Status of Filing in Domicile: Not Filed

Project Number: CPL-03-B023

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 09/02/2011

State Status Changed: 09/02/2011

Deemer Date:

Created By: Linda Young

Submitted By: Linda Young

Corresponding Filing Tracking Number:

Filing Description:

NAIC: 233-62065 FEIN: 23-1628836

RE: Medicare Supplement Insurance Advertising

CPL-03-B023, - Lead Generation Door Hanger

CPL-03-B023-1 – Reply Card for CPL-03-B023

CPL-11624 - Lead Generation Flyer with Reply Card

Dear Insurance Department Personnel:

As required by your state's advertising rules, we are filing the above referenced forms. These are new forms and do not

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replace any forms currently on file with your Department. These forms advertisement will be used on a general basis by our licensed insurance agents as lead generating forms to prospective or existing clients who may benefit from Medicare Supplement Insurance policies.

Form CPL-03-B023 is a door hanger that agents can leave with existing or prospective clients. Form CPL-03-B023-1 will always be attached to and used with CPL-03-B023. At this time we have assigned the reply card it's own form number, so if we decide to redesign it, we would file a new reply card for approval with a new form number.

Form CPL-11624 is a lead generation flyer that will also be available through our licensed agents as a lead generation form and will be used in its entirety.

To the best of our knowledge and belief, this submission complies with all the relevant statutes and regulations of your State, and includes nothing that has been previously objected to or disapproved by your Department.

Your consideration and approval of the above forms would be appreciated.

## Company and Contact

### Filing Contact Information

Linda Young, Lead Design Analyst I.young@banklife.com  
 600 West Chicago Ave 312-396-6132 [Phone]  
 Chicago, IL 60654-2800 312-396-5907 [FAX]

### Filing Company Information

Colonial Penn Life Insurance Company	CoCode: 62065	State of Domicile: Pennsylvania
Adm. Address: 600 West Chicago Ave	Group Code: 233	Company Type:
Chicago, IL 60654-2800	Group Name:	State ID Number:
(312) 396-6000 ext. [Phone]	FEIN Number: 23-1628836	

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$150.00  
 Retaliatory? No  
 Fee Explanation: AR charges \$50 per form: 3 \* \$50 = \$150.00  
 Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Colonial Penn Life Insurance Company	\$150.00	08/12/2011	50590450

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	09/02/2011	09/02/2011

*SERFF Tracking Number:*      *BNLA-127367566*                      *State:*                      *Arkansas*  
*Filing Company:*              *Colonial Penn Life Insurance Company*              *State Tracking Number:*      *49544*  
*Company Tracking Number:*      *CPL-03-B023*  
*TOI:*                      *MS09 Medicare Supplement - Other 2010*              *Sub-TOI:*                      *MS09.000 Medicare Supplement Other 2010*  
*Product Name:*              *CPL-03-B023*  
*Project Name/Number:*              *CPL-03-B023/CPL-03-B023*

## **Disposition**

Disposition Date: 09/02/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Form</b>	Lead Generating Door Hanger	Filed-Closed	Yes
<b>Form</b>	Reply Card	Filed-Closed	Yes
<b>Form</b>	Flyer w/Reply Card	Filed-Closed	Yes

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## Form Schedule

### Lead Form Number: CPL-03-B023

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed 09/02/2011	CPL-03-B023	Advertising	Lead Generating Door Hanger	Initial			CPL-03-B023.pdf
Filed-Closed 09/02/2011	CPL-03-B023-1	Advertising	Reply Card	Initial			CPL-03-B023-1.pdf
Filed-Closed 09/02/2011	CPL-11624	Advertising	Flyer w/Reply Card	Initial			CPL-11624.pdf

# How Much Do You Know About Medicare...

## ...and Medicare Supplement Insurance?

**What can you do to help relieve your worries and answer your questions?** You can return the attached response card for **FREE** information about Medicare and the insurance options available to help keep your out-of-pocket costs down. A knowledgeable Colonial Penn Life Insurance Company agent will make sure you receive the information. You will be under **NO OBLIGATION** and the information is **FREE**.



*Medicare Supplement Insurance Policies are available through Colonial Penn Life Insurance Company. Colonial Penn and their licensed agents are not connected with or endorsed by the U.S. Government or the Federal Medicare Program.*

*An insurance agent will contact you.*

*Medicare Supplement Insurance Solicitation.*

CPL-03-B023

**1825 North Pennsylvania Street  
Carmel, IN 46032**

## Free Information Request

**Yes,** I would like an insurance agent to contact me with FREE Medicare information. PLUS advice and understanding of the insurance options available to help protect myself from out-of-pocket costs.

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

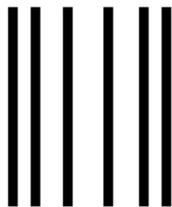
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Best time to call \_\_\_\_\_



*Medicare Supplement Insurance Solicitation.  
An insurance agent will contact you.*



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

# BUSINESS REPLY MAIL

FIRST-CLASS MAIL

PERMIT NO. 63265

CHICAGO IL

POSTAGE WILL BE PAID BY ADDRESSEE






  
**COLONIAL PENN.**<sup>®</sup>
  
 11825 North Pennsylvania Street
   
 Carmel, IN 46032

**JUST COMPARE!**  
IT'S EASY! IT'S IMPORTANT!

**and cost!**  
Protection...

**MEDICARE  
SUPPLEMENT  
INSURANCE**

How to Help Feel Secure  
about Your



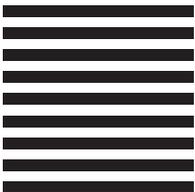
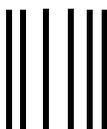
**NO COST OR  
OBLIGATION**

**FREE MEDICARE  
SUPPLEMENT  
INSURANCE  
COMPARISON**

Mail This Card Now  
for Your

POSTAGE WILL BE PAID BY ADDRESSEE

**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 63265 CHICAGO IL



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NECESSARY  
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