

SERFF Tracking Number: LHLI-127321940 State: Arkansas  
Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 49325  
Company Tracking Number: RI MS AR 2011 CP  
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other  
Product Name: Medicare Supplement Rate Increase Filing  
Project Name/Number: /

## Filing at a Glance

Company: Lincoln Heritage Life Insurance Company

Product Name: Medicare Supplement Rate Increase Filing SERFF Tr Num: LHLI-127321940 State: Arkansas

TOI: MS06 Medicare Supplement - Other SERFF Status: Closed-Approved-Closed State Tr Num: 49325

Sub-TOI: MS06.000 Medicare Supplement - Other Co Tr Num: RI MS AR 2011 CP State Status: Approved-Closed

Filing Type: Rate

Reviewer(s): Stephanie Fowler

Authors: Shirley Grossman, Cathy Patterson, Wanda McNeece, Sally

Roudebush, Rodney Hartwig, Robin Sellars

Date Submitted: 07/18/2011

Disposition Status: Approved-Closed

Implementation Date Requested: 11/01/2011

Implementation Date: 11/01/2011

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: This filing was submitted via SERFF to Illinois, our state of domicile on November 5, 2010. It has not been approved as of today's date.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: Resubmission

Previous Filing Number: LHLI-127186287

Individual Market Type:

Overall Rate Impact: 10%

Filing Status Changed: 09/08/2011

State Status Changed: 09/08/2011

Deemer Date:

Created By: Cathy Patterson

Submitted By: Cathy Patterson

Corresponding Filing Tracking Number:

Filing Description:

SERFF Tracking Number: LHLI-127321940 State: Arkansas  
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Lincoln Heritage Life Insurance Company Rate Increase Filing for Individual Medicare Supplement Standardized Plans A, B, C, D and F.

Form Numbers: MS-AAAR 06- Plan A, MS-ABAR 06 - Plan B, MS-ACAR 06- Plan C, MS-ADAR 06 - Plan D, MS-AFAR 06- Plan F

Rate Increase Amount: 10%

## Company and Contact

### Filing Contact Information

Cathy Patterson, cathy.patterson@londen-insurance.com  
 4343 E Camelback Rd 800-433-8181 [Phone]  
 Phoenix, AZ 85018 602-808-8845 [FAX]

### Filing Company Information

Lincoln Heritage Life Insurance Company CoCode: 65927 State of Domicile: Illinois  
 4343 East Camelback Road Group Code: Company Type: Life and Health  
 Phoenix, AZ 85018 Group Name: State ID Number:  
 (800) 433-8181 ext. [Phone] FEIN Number: 04-2314290

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$250.00  
 Retaliatory? No  
 Fee Explanation: 5 rate filings X \$50.00 = \$250.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln Heritage Life Insurance Company	\$250.00	07/18/2011	49861011

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	09/08/2011	09/08/2011
Disapproved	Stephanie Fowler	08/17/2011	08/17/2011

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	09/02/2011	09/02/2011	Rodney Hartwig	09/07/2011	09/08/2011

SERFF Tracking Number: LHLI-127321940 State: Arkansas  
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## Disposition

Disposition Date: 09/08/2011

Implementation Date: 11/01/2011

Status: Approved-Closed

Comment: The negotiated rate increase of 5% has been approved to be implemented on or after November 1, 2011. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period;
- The insured shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

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):
Lincoln Heritage Life Insurance Company	5.000%	5.000%	\$8,061	77	\$161,230	5.000%	5.000%

SERFF Tracking Number: LHLI-127321940 State: Arkansas  
 Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 49325  
 Company Tracking Number: RIMS AR 2011 CP  
 TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other  
 Product Name: Medicare Supplement Rate Increase Filing  
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Rate (revised)	AR Rate Pages Rev	Approved-Closed	Yes
Rate	AR Rate Pages Rev	Disapproved	No

SERFF Tracking Number: LHLI-127321940 State: Arkansas  
 Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 49325  
 Company Tracking Number: RIMS AR 2011 CP  
 TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other  
 Product Name: Medicare Supplement Rate Increase Filing  
 Project Name/Number: /

## Disposition

Disposition Date: 08/17/2011

Implementation Date:

Status: Disapproved

Comment: It is the primary mission of the Arkansas Insurance Department to protect consumers. Arkansas is a relatively poor state and most of the seniors who would be affected by your proposed rate increase live on a fixed income. Therefore, given the fact that this block of business is not credible and that we have approved consistent rate increases on this block of business since November 2008, which includes the 25% in November 2010, we cannot approve this rate increase at this time.

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):
Lincoln Heritage Life Insurance Company	10.000%	10.000%	\$16,123	77	\$161,230	10.000%	10.000%

SERFF Tracking Number: LHLI-127321940 State: Arkansas  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Rate (revised)	AR Rate Pages Rev	Approved-Closed	Yes
Rate	AR Rate Pages Rev	Disapproved	No

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 09/02/2011  
Submitted Date 09/02/2011  
Respond By Date 10/03/2011

Dear Cathy Patterson,

After further review of this request, we would be willing to approve a 5% rate increase on this block of business in lieu of disapproval.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

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## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 09/07/2011  
 Submitted Date 09/08/2011

Dear Stephanie Fowler,

### Comments:

Thank you for your continued review of this filing.

### Response 1

Comments: Attached is our Actuarial response accepting your proposed increase of 5%.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

### Rate/Rule Schedule Item Changes

Document Name:	Affected Form Numbers:	Rate Action:	Rate Action Information:	Attach Document:
AR Rate Pages	MS-AAAR 06,MS-ABAR	Revised	<i>Previous State Filing Number</i>	
Rev	06,MS-ACAR 06,MS-ADAR 06,MS-AFAR 06		45102	
			<i>Percent Rate Change Request</i>	
			5	

### Previous Version

AR Rate Pages	MS-AAAR 06,MS-ABAR	Revised	<i>Previous State Filing Number</i>	
Rev	06,MS-ACAR 06,MS-ADAR 06,MS-AFAR 06		45102	
			<i>Percent Rate Change Request</i>	
			10	

*SERFF Tracking Number:* LHLI-127321940                      *State:* Arkansas  
*Filing Company:* Lincoln Heritage Life Insurance Company                      *State Tracking Number:* 49325  
*Company Tracking Number:* RI MS AR 2011 CP  
*TOI:* MS06 Medicare Supplement - Other                      *Sub-TOI:* MS06.000 Medicare Supplement - Other  
*Product Name:* Medicare Supplement Rate Increase Filing  
*Project Name/Number:* /

We appreciate all of your assistance with this filing.

If you have any questions or need further information please feel free to contact us.

Thank you

Rodney Hartwig  
Compliance Associate  
Lincoln Heritage Life Insurance  
800-433-8181

Sincerely,  
Cathy Patterson, Robin Sellars, Rodney Hartwig, Sally Roudebush, Shirley Grossman, Wanda McNeece

SERFF Tracking Number: LHLI-127321940 State: Arkansas  
Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 49325  
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Product Name: Medicare Supplement Rate Increase Filing  
Project Name/Number: /

**Post Submission Update Request Processed On 09/08/2011**

**Status:** Allowed  
**Created By:** Rodney Hartwig  
**Processed By:** Stephanie Fowler  
**Comments:**

**Company Rate Information:**

**Company Name:** Lincoln Heritage Life Insurance Company

<b>Field Name</b>	<b>Requested Change</b>	<b>Prior Value</b>
Overall % Indicated Change	5.000%	10.000%
Overall % Rate Impact	5.000%	10.000%
Written Premium Change for this Program	\$8061	\$16123
Maximum %Change (where required)	5.000%	10.000%
Minimum %Change (where required)	5.000%	10.000%

SERFF Tracking Number: LHLI-127321940  
 Filing Company: Lincoln Heritage Life Insurance Company  
 Company Tracking Number: RIMS AR 2011 CP  
 TOI: MS06 Medicare Supplement - Other  
 Product Name: Medicare Supplement Rate Increase Filing  
 Project Name/Number: /

State: Arkansas  
 State Tracking Number: 49325  
 Sub-TOI: MS06.000 Medicare Supplement - Other

## Rate Information

Rate data applies to filing.

**Filing Method:** SERFF  
**Rate Change Type:** Increase  
**Overall Percentage of Last Rate Revision:** 10.000%  
**Effective Date of Last Rate Revision:** 11/01/2010  
**Filing Method of Last Filing:** SERFF

## Company Rate Information

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):
Lincoln Heritage Life Insurance Company	5.000%	5.000%	\$8,061	77	\$161,230	5.000%	5.000%

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 Company Tracking Number: RI MS AR 2011 CP  
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 Product Name: Medicare Supplement Rate Increase Filing  
 Project Name/Number: /

## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 09/08/2011	AR Rate Pages Rev	MS-AAAR 06, MS-ABAR 06, MS-ACAR 06, MS-ADAR 06, MS-AFAR 06	Revised	Previous State Filing Number: Percent Rate Change Request: 45102 5.000	AR Rates Rev.pdf

# LINCOLN HERITAGE LIFE INSURANCE COMPANY

## Actuarial Memorandum for Individual A&H Rate Filing

Medicare Standardized Plan A

### Exhibit A - Current and Proposed Premium Schedule

#### Current Annual Rates

Age	Preferred	Standard
All	1,891	2,102

#### Proposed Annual Rates after 5.0% Increase

Age	Preferred	Standard
All	1,986	2,207

#### Proposed Modal Premiums for Area 1

	Preferred	Standard
Annual	2,185.00	2,428.00
Semi	1,136.20	1,262.56
Quarterly	568.10	631.28
Monthly	191.19	212.45
*Monthly	182.01	202.25
**Monthly Direct Bill	184.01	204.25

#### Proposed Modal Premiums for Area 2

	Preferred	Standard
Annual	1,887.00	2,097.00
Semi	981.24	1,090.44
Quarterly	490.62	545.22
Monthly	165.11	183.49
*Monthly	157.19	174.68
**Monthly Direct Bill	159.19	176.68

#### Proposed Modal Premiums for Area 3

	Preferred	Standard
Annual	1,688.00	1,876.00
Semi	877.76	975.52
Quarterly	438.88	487.76
Monthly	147.70	164.15
*Monthly	140.61	156.27
**Monthly Direct Bill	142.61	158.27

Mode Factors: Ann:1.0000 Semi: 0.5200 Qurtrly: 0.2600 Mthly: 0.0875

\*The Monthly Modal Factor was reduced to .0833 for policies issued after 6/1/04

\*\*For Monthly Direct Bill policies issued in 2007 and later, the Company is charging an extra \$2 to each modal premium.

#### Area Factors:

Area 1:	Zip Codes 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199, and all zip codes beginning with	1.10
Area 2:	Zip codes beginning with 720 and 721 not listed above	0.95
Area 3:	Rest of State	0.85

# LINCOLN HERITAGE LIFE INSURANCE COMPANY

## Actuarial Memorandum for Individual A&H Rate Filing

Medicare Standardized Plan B

### Exhibit A - Current and Proposed Premium Schedule

#### Current Annual Rates

Age	Preferred	Standard
All	2,053	2,280

#### Proposed Annual Rates after 5.0% Increase

Age	Preferred	Standard
All	2,156	2,394

#### Proposed Modal Premiums for Area 1

	Preferred	Standard
Annual	2,372.00	2,633.00
Semi	1,233.44	1,369.16
Quarterly	616.72	684.58
Monthly	207.55	230.39
*Monthly	197.59	219.33
**Monthly Direct Bill	199.59	221.33

#### Proposed Modal Premiums for Area 2

	Preferred	Standard
Annual	2,048.00	2,274.00
Semi	1,064.96	1,182.48
Quarterly	532.48	591.24
Monthly	179.20	198.98
*Monthly	170.60	189.42
**Monthly Direct Bill	172.60	191.42

#### Proposed Modal Premiums for Area 3

	Preferred	Standard
Annual	1,833.00	2,035.00
Semi	953.16	1,058.20
Quarterly	476.58	529.10
Monthly	160.39	178.06
*Monthly	152.69	169.52
**Monthly Direct Bill	154.69	171.52

Mode Factors: Ann:1.0000 Semi: 0.5200 Qurtrly: 0.2600 Mthly: 0.0875

\*The Monthly Modal Factor was reduced to .0833 for policies issued after 6/1/04

\*\*For Monthly Direct Bill policies issued in 2007 and later, the Company is charging an extra \$2 to each modal premium.

#### Area Factors:

Area 1:	Zip Codes 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199, and all zip codes beginning with 722	1.10
Area 2:	Zip codes beginning with 720 and 721 not listed above	0.95
Area 3:	Rest of State	0.85

# LINCOLN HERITAGE LIFE INSURANCE COMPANY

## Actuarial Memorandum for Individual A&H Rate Filing

Medicare Standardized Plan C

### Exhibit A - Current and Proposed Premium Schedule

#### Current Annual Rates

Age	Preferred	Standard
All	2,414	2,681

#### Proposed Annual Rates after 5.0% Increase

Age	Preferred	Standard
All	2,535	2,815

#### Proposed Modal Premiums for Area 1

	Preferred	Standard
Annual	2,789.00	3,097.00
Semi	1,450.28	1,610.44
Quarterly	725.14	805.22
Monthly	244.04	270.99
*Monthly	232.32	257.98
**Monthly Direct Bill	234.32	259.98

#### Proposed Modal Premiums for Area 2

	Preferred	Standard
Annual	2,408.00	2,674.00
Semi	1,252.16	1,390.48
Quarterly	626.08	695.24
Monthly	210.70	233.98
*Monthly	200.59	222.74
**Monthly Direct Bill	202.59	224.74

#### Proposed Modal Premiums for Area 3

	Preferred	Standard
Annual	2,155.00	2,393.00
Semi	1,120.60	1,244.36
Quarterly	560.30	622.18
Monthly	188.56	209.39
*Monthly	179.51	199.34
**Monthly Direct Bill	181.51	201.34

Mode Factors: Ann:1.0000 Semi: 0.5200 Qurtly: 0.2600 Mthly: 0.0875

\*The Monthly Modal Factor was reduced to .0833 for policies issued after 6/1/04

\*\*For Monthly Direct Bill policies issued in 2007 and later, the Company is charging an extra \$2 to each modal premium.

#### Area Factors:

Area 1:	Zip Codes 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199, and all zip codes beginning with 722	1.10
Area 2:	Zip codes beginning with 720 and 721 not listed above	0.95
Area 3:	Rest of State	0.85

# LINCOLN HERITAGE LIFE INSURANCE COMPANY

## Actuarial Memorandum for Individual A&H Rate Filing

Medicare Standardized Plan D

### Exhibit A - Current and Proposed Premium Schedule

#### Current Annual Rates

Age	Preferred	Standard
All	2,119	2,355

#### Proposed Annual Rates after 5.0% Increase

Age	Preferred	Standard
All	2,225	2,473

#### Proposed Modal Premiums for Area 1

	Preferred	Standard
Annual	2,448.00	2,720.00
Semi	1,272.96	1,414.40
Quarterly	636.48	707.20
Monthly	214.20	238.00
*Monthly	203.92	226.58
**Monthly Direct Bill	205.92	228.58

#### Proposed Modal Premiums for Area 2

	Preferred	Standard
Annual	2,114.00	2,349.00
Semi	1,099.28	1,221.48
Quarterly	549.64	610.74
Monthly	184.98	205.54
*Monthly	176.10	195.67
**Monthly Direct Bill	178.10	197.67

#### Proposed Modal Premiums for Area 3

	Preferred	Standard
Annual	1,891.00	2,102.00
Semi	983.32	1,093.04
Quarterly	491.66	546.52
Monthly	165.46	183.93
*Monthly	157.52	175.10
**Monthly Direct Bill	159.52	177.10

Mode Factors: Ann:1.0000 Semi: 0.5200 Qurtrly: 0.2600 Mthly: 0.0875

\*The Monthly Modal Factor was reduced to .0833 for policies issued after 6/1/04

\*\*For Monthly Direct Bill policies issued in 2007 and later, the Company is charging an extra \$2 to each modal premium.

#### Area Factors:

Area 1:	Zip Codes 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199, and all zip codes beginning with	1.10
Area 2:	Zip codes beginning with 720 and 721 not listed above	0.95
Area 3:	Rest of State	0.85

# LINCOLN HERITAGE LIFE INSURANCE COMPANY

## Actuarial Memorandum for Individual A&H Rate Filing

Medicare Standardized Plan F

### Exhibit A - Current and Proposed Premium Schedule

#### Current Annual Rates

Age	Preferred	Standard
All	2,487	2,766

#### Proposed Annual Rates after 5.0% Increase

Age	Preferred	Standard
All	2,611	2,904

#### Proposed Modal Premiums for Area 1

	Preferred	Standard
Annual	2,872.00	3,194.00
Semi	1,493.44	1,660.88
Quarterly	746.72	830.44
Monthly	251.30	279.48
*Monthly	239.24	266.06
**Monthly Direct Bill	241.24	268.06

#### Proposed Modal Premiums for Area 2

	Preferred	Standard
Annual	2,480.00	2,759.00
Semi	1,289.60	1,434.68
Quarterly	644.80	717.34
Monthly	217.00	241.41
*Monthly	206.58	229.82
**Monthly Direct Bill	208.58	231.82

#### Proposed Modal Premiums for Area 3

	Preferred	Standard
Annual	2,219.00	2,468.00
Semi	1,153.88	1,283.36
Quarterly	576.94	641.68
Monthly	194.16	215.95
*Monthly	184.84	205.58
**Monthly Direct Bill	186.84	207.58

Mode Factors: Ann:1.0000 Semi: 0.5200 Qurtrly: 0.2600 Mthly: 0.0875

\*The Monthly Modal Factor was reduced to .0833 for policies issued after 6/1/04

\*\*For Monthly Direct Bill policies issued in 2007 and later, the Company is charging an extra \$2 to each modal premium.

#### Area Factors:

Area 1:	Zip Codes 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199, and all zip codes beginning with 722	1.10
Area 2:	Zip codes beginning with 720 and 721 not listed above	0.95
Area 3:	Rest of State	0.85

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## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/14/2011	Rate and Rule	AR Rate Pages Rev	09/07/2011	AR Rate Pages Rev.pdf (Superseded)