

SERFF Tracking Number: BNLA-128301139 State: Arkansas
Filing Company: Colonial Penn Life Insurance Company State Tracking Number:
Company Tracking Number: CPL-3416
TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010
Product Name: CPL-3416
Project Name/Number: CPL-3416/CPL-3416

Filing at a Glance

Company: Colonial Penn Life Insurance Company

Product Name: CPL-3416 SERFF Tr Num: BNLA-128301139 State: Arkansas

TOI: MS09 Medicare Supplement - Other 2010 SERFF Status: Closed-Filed- State Tr Num:
Closed

Sub-TOI: MS09.000 Medicare Supplement Co Tr Num: CPL-3416 State Status: Filed-Closed
Other 2010

Filing Type: Advertisement

Reviewer(s): Stephanie Fowler

Authors: Lucy Sutton, Sue Novotny Disposition Date: 04/25/2012

Date Submitted: 04/25/2012 Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: CPL-3416

Status of Filing in Domicile: Pending

Project Number: CPL-3416

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 04/25/2012

State Status Changed: 04/25/2012

Deemer Date:

Created By: Lucy Sutton

Submitted By: Lucy Sutton

Corresponding Filing Tracking Number:

Filing Description:

RE: MEDICARE SUPPLEMENT ADVERTISING

Lead Generating Device

Pre-approach Letter: CPL-3416

Reply Card: CPL-3416-1

Envelope: BE-CPL-3416 (11)

Dear Insurance Department Personnel:

As required by Federal Legislation and your state's Medicare Supplement insurance advertising rules, we are filing the above-referenced forms for your review and approval.

SERFF Tracking Number: BNLA-128301139 State: Arkansas
 Filing Company: Colonial Penn Life Insurance Company State Tracking Number:
 Company Tracking Number: CPL-3416
 TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010
 Product Name: CPL-3416
 Project Name/Number: CPL-3416/CPL-3416

These forms are designed to be used by our licensed agents as a prospecting opportunity in the sale of our Medicare Supplement insurance policies that were previously approved by your department.

When the reply card is received, we will send a copy of the previously approved booklet, "Medicare and Active Americans." It will provide an opportunity for individuals who are interested in obtaining more information concerning Medicare and Medicare Supplement insurance coverage options available through our company.

The variable information has been bracketed to allow us to easily update the forms, which includes the name and address of the prospective customer, a respond by date, and a toll free number.

Your consideration of this filing is appreciated.

State Narrative:

Company and Contact

Filing Contact Information

Lucy Sutton, Information Coordinator l.sutton@banklife.com
 111 East Wacker Drive Suite 2100 (20-F35) 312-396-6122 [Phone]
 Chicago, IL 60601-4508 312-396-5907 [FAX]

Filing Company Information

Colonial Penn Life Insurance Company CoCode: 62065 State of Domicile: Pennsylvania
 Adm. Address: 111 East Wacker Drive Suite Group Code: 233 Company Type:
 2100
 Chicago, IL 60601-4508 Group Name: State ID Number:
 (312) 396-6000 ext. [Phone] FEIN Number: 23-1628836

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
---------	--------	----------------	---------------

SERFF Tracking Number: BNLA-128301139 State: Arkansas
Filing Company: Colonial Penn Life Insurance Company State Tracking Number:
Company Tracking Number: CPL-3416
TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010
Product Name: CPL-3416
Project Name/Number: CPL-3416/CPL-3416
Colonial Penn Life Insurance Company \$150.00 04/25/2012 58535105

SERFF Tracking Number: BNLA-128301139 State: Arkansas
Filing Company: Colonial Penn Life Insurance Company State Tracking Number:
Company Tracking Number: CPL-3416
TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010
Product Name: CPL-3416
Project Name/Number: CPL-3416/CPL-3416

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	04/25/2012	04/25/2012

SERFF Tracking Number: *BNLA-128301139* *State:* *Arkansas*
Filing Company: *Colonial Penn Life Insurance Company* *State Tracking Number:*
Company Tracking Number: *CPL-3416*
TOI: *MS09 Medicare Supplement - Other 2010* *Sub-TOI:* *MS09.000 Medicare Supplement Other 2010*
Product Name: *CPL-3416*
Project Name/Number: *CPL-3416/CPL-3416*

Disposition

Disposition Date: 04/25/2012

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *BNLA-128301139* *State:* *Arkansas*
Filing Company: *Colonial Penn Life Insurance Company* *State Tracking Number:*
Company Tracking Number: *CPL-3416*
TOI: *MS09 Medicare Supplement - Other 2010* *Sub-TOI:* *MS09.000 Medicare Supplement Other 2010*
Product Name: *CPL-3416*
Project Name/Number: *CPL-3416/CPL-3416*

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Pre-approach Letter	Filed-Closed	Yes
Form	Reply Card	Filed-Closed	Yes
Form	Envelope	Filed-Closed	Yes

SERFF Tracking Number: BNLA-128301139 State: Arkansas
 Filing Company: Colonial Penn Life Insurance Company State Tracking Number:
 Company Tracking Number: CPL-3416
 TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010
 Product Name: CPL-3416
 Project Name/Number: CPL-3416/CPL-3416

Form Schedule

Lead Form Number: CPL-3416

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed 04/25/2012	CPL-3416	Advertising	Pre-approach Letter	Initial		0.000	CPL-3416.pdf
Filed-Closed 04/25/2012	CPL-3416-1	Advertising	Reply Card	Initial		0.000	CPL-3416-1.pdf
Filed-Closed 04/25/2012	BE-CPL-3416 (11)	Advertising	Envelope	Initial		0.000	BE-CPL-3416 (11).pdf



[Sample A. Sample] -- Your FREE copy of *Medicare and Active Americans* is ready to ship.

Please verify your delivery information so we can send you this essential publication to help you make smart decisions that may affect your health...and your finances.

Remember, there is absolutely no cost or obligation.

Dear [Sample A. Sample-]

Congratulations on taking the first step toward making wise Medicare choices.

Now that you have the Address Confirmation Form above, you need only verify your contact information so that we may send you your FREE copy of *Medicare and Active Americans*, with the very latest facts, benefit information, and options available to you.

As you well know, wading through all the plans and jargon can be confusing. Having this kind of information at hand will help enable you to weigh all your choices and choose the best combination of benefits for your physical-and your financial-well-being.

And remember, this publication is yours without any cost or obligation.

Again, we are ready to ship your FREE copy of *Medicare and Active Americans*, but we cannot do so until you return your Confirmation Form. Please do so before **[xx/xx/xx.]**

Medicare Supplement Insurance Policies are underwritten by Colonial Penn Life Insurance Company, an affiliate of Bankers Life and Casualty Company. Colonial Penn, Bankers and their licensed agents are not connected with or endorsed by the US Government or the Federal Medicare Program. Insurance solicitation. An insurance agent may contact you.



READY TO SHIP!

- Benefits you are eligible for under Medicare Parts A and B
- Different ways you can get your benefits
- What to do about uncovered expenses
- Much more

ADDRESS CONFIRMATION FORM

[Sample A. Sample--]

So that we may rush your **FREE** copy of *Medicare and Active Americans*, please confirm the information on this form and return it in the postage-paid envelope provided.

**FOR FASTER DELIVERY,
CALL TOLL-FREE:**

[1-800-000-0000]

YOUR ADDRESS: This is the address to which we'll send your **FREE** booklet

- Correct as shown below
 Incorrect (please write correct information below)

**Please respond by
[XX/XX/XX] for your FREE copy.**

[Sample A. Sample]

Name _____

[000 Main Street]

Address _____

[Anytown, USA 00000]

City State Zip _____

YOUR PHONE NUMBER:

No phone number on record. Please provide:

Phone () _____

CPL-3416-1

(11)

▼ ▼ ▼ Detach Here ▼ ▼ ▼



ADDRESS CONFIRMATION REQUESTED

We will send your **FREE** copy of *Medicare and Active Americans* once you confirm the delivery information inside.

PLEASE DO SO BY [XX/XX/XX.]

[Sample A. Sample]
[000 Main Street]
[Anytown, USA 00000]



PRSRT STD
U.S. POSTAGE
PAID
Farmingdale, NY
Permit No. 119

Colonial Penn Life Insurance Company

11825 North Pennsylvania St.

Carmel, IN 46032-4555