

The news and ideas magazine for the Independent Agents of United American Insurance Company.

Legislative Update: FIXING



MEDICARE

ProCare Approvals

A special mailing regarding **ProCare Medicare Supplement** rates for new business and renewals has been mailed to General Agents in **Washington**.

Check your state(s) ProCare rate memo for complete effective date information and cut-off dates for business written with old rates. If you did not receive this notice, please contact the Agent Service Center at 800-925-7355.

Good Sense Plan Approvals

A special mailing regarding **Good Sense Plan (GSP)** premium rate increase approvals effective **September 1, 2003** for new business and renewals has been mailed to General Agents in **Colorado**.

You can order new rate cards by contacting Agent Supply at 800-285-3676.

Interest Rate Set

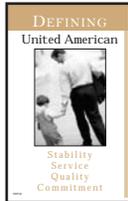
The **Lifestyle Annuity** new money interest rate for the month of **August** is **4.00 percent**. Rates will continue to be reviewed and adjusted accordingly.

The **Deposit Fund Rider** interest rate for 2003 has been set at **4.00 percent**.

Attn: HealthGuard Agents

United American's **Critical Illness product** is now available to Agents working in **Arizona** and **South Carolina**. Supplies have been sent.

Defining UA Approvals



The *Defining UA* (DEFUA) brochure is now approved and available for use in **Maine** and **Oregon**. This new four-color brochure is free to General Agents. Please contact Agent Supply to order.

Attn: Utah Agents

Effective immediately, HealthGuard Critical Illness sales have been suspended in **Utah**. UA is working to revise policy forms to comply with state requirements. Agents will be notified as soon as state approval is received on updated materials.

Underwriting Reminder

All applications for United American insurance policies must be negotiated in person by the Writing Agent. Under no circumstances should applications be taken through the mail or over the phone. To download the most current Underwriting Guidelines, please log on to www.uageneralagency.com

Reminder About UA News

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UA NEWS

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Changes Lurk Ahead!

Good or Bad?

It has been a busy legislative session, and several of the changes recently discussed, debated, or passed have a direct impact on those of us in the insurance industry. The two areas of greatest import are the addition of Medicare prescription drug benefit and the establishment and enforcement of a federal Do Not Call (DNC) registry.

First, proposals to add a prescription drug benefit to the existing Medicare program have been passed by both the House of Representatives and Senate. Currently, these proposals are in conference, where a joint committee of both Senate and House representatives will endeavor to reconcile the two bills and create a unified proposal. This joint proposal will once again have to be passed by both the Senate and the House before the President can sign it into law.

We live in a society which increasingly demands the best treatments and drugs available. Prescription medications can cure or ease any problem or illness a patient may be experiencing. Most people over age 65, and consequently enrolled in Medicare, take a prescription medication of some kind. In some cases, the cost of these prescriptions can be devastating.

Likewise, the cost of adding a prescription drug benefit to Medicare will also be astronomical. In fact, both of the current proposals carry a \$400 *billion* price tag, and it will be the future generations of this country who pay for it. Both the House and Senate proposals are similar in structure; the contentious points are, of course, the particulars. Both agree the prescription benefit would be

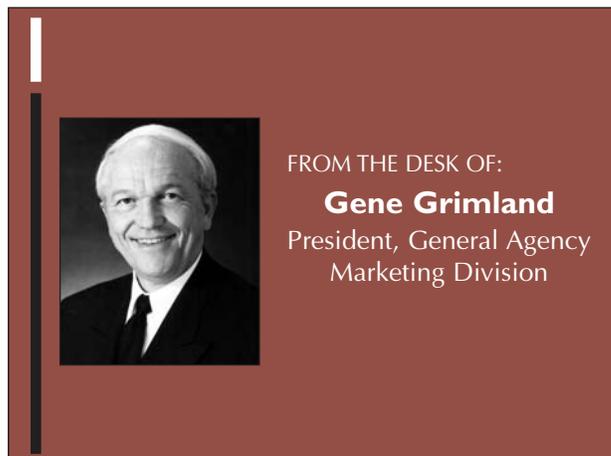
optional and entitled Medicare Part D. For both proposals, enrollment in Part D would include an annual deductible and a monthly premium. Each have an effective date of 2006, and, in the meantime, both intend to install discount cards to alleviate the costs of prescription medicines. Where the proposals diverge is on issues of spending, responsibility of risk, premiums, and distribution of benefits. Pages 6-7 contain the complete details of both proposals.

The impact of the prescription drug benefit on Medicare Supplement plans is negligible. The Medigap plans which offer drug cover will be withdrawn, which most supplemental insurers, including UA, have never offered anyway. The policyholders enrolled in a Med-Supp with a drug benefit will be guaranteed enrollment in a non-drug Medigap policy.

Secondly, the establishment of a federal DNC registry will constitute change in the insurance industry. The public response to the national registry has been greater than expected. Some telemarketers are pessimistic. Others see DNC as a positive — by flushing out those numbers who would be

unresponsive, telemarketing could be more efficient with improved results. Page 9 of this edition of *UA News* features a Q&A with UA's legal department regarding the new DNC legislation.

At United American, we strive to provide our Agents with the most recent and accurate information available. We will continue to monitor these and other legislative developments in order to continue to equip you, our valued Agent, with the tools and information you need to succeed.



FROM THE DESK OF:

Gene Grimland

President, General Agency
Marketing Division

All You
Need Is
One
United American Insurance

Finding A Safe Place For Your Client's Money

Annuities were first introduced in the 1970s as a way for teachers to accumulate funds for retirement. Today annuities are offered to virtually every age group and demographic. As they grew in popularity, annuities gained variations that allowed persons to fund education opportunities, experiment with different levels of financial risk or meet long term care needs, to name a few. There are fixed annuities, variable annuities, market value adjusted accounts, and the list goes on and on. While the industry gets creative on new benefits, or twists to existing benefits, we want to bring your attention back to the fundamental value and attraction of annuities.

The original concept of the annuity was as an insurance product designed for the tax-deferred accumulation of funds for a later payout as income. **The most powerful attribute of the annuity** is the one feature typically ignored in the marketing of the product. That attribute is **the guaranteed payout of income that cannot be outlived**. However, fully 90% of all annuity benefits are paid out in lump sum cash payments, rather than income.

While accumulation of funds and the tax-deferral aspect are definitely attractive features of annuities, don't forget that only life insurers can guarantee that the income generated by the accumulation within the product will be available when it is needed and last as long as the person is receiving it. Many of your prospects and customers are looking for 'safe' places to put their money. Suggest an annuity!

Features of UA's Lifestyle Annuity

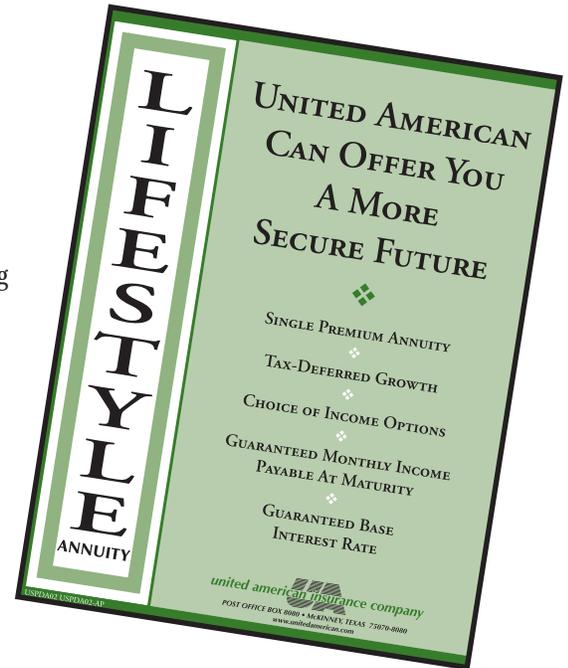
Attractive Income Options

- a) Fixed amount (specific monthly payments)
- b) Fixed period (monthly payments for a specific period)
- c) Life income (two choices)
 - monthly payments to an individual
 - monthly payments for the joint lifetime of two annuitants with continuing benefits to the survivor

Tax-deferred Savings - funds increase more rapidly when there is no tax on interest earnings until they are withdrawn.

Liquidity - after the first policy year, clients can freely withdraw up to 10% of their cash value (minimum \$500). In subsequent years two through six, amounts withdrawn in excess of the free withdrawal are subject to a withdrawal charge. At the end of six years, withdrawal charges are eliminated.

Simple to Start - Available to customers age 0-80. Minimum deposit is \$5,000; maximum deposit is \$100,000.



PLEASE NOTE: NEW INTEREST RATE and WITHDRAWAL FEATURE

Effective **September 1, 2003**, the Lifestyle Annuity **guaranteed minimum interest rate will be 3% in approved states**. We have updated the brochures to reflect this new change and also added a PASSform application. In addition, we have added a **Hospital and Nursing Home Waiver of Withdrawal charges** (not available in all states). This new Waiver allows the annuitant to make a partial or complete withdrawal of their annuity funds without incurring any withdrawal charges as long as the following situations apply:

- The Annuitant or Annuitant's spouse is confined in a hospital or nursing home for a total of at least 30 days within a 35-day period, or has been discharged from such confinement within the previous 60 days;
- He/She is enrolled in a hospice care program or has been discharged from such within the previous 60 days.

A special mailing will be sent to all General Agents announcing the new interest rate and including a sample app/brochure.

Check the chart at right for approvals.

Be sure to order your updated supplies by calling 1-800-285-3676.

The 3% Lifestyle Annuity is available in states marked with an "X" at press time.

AL		GA		MD	X	NM	X	TN	X
AK		HI	X	MI	X	NC	X	TX	
AR	X	ID	X	MN	X	ND	X	UT	X
AZ	X	IL	X	MS		OH	X	VA	X
CA	X^	IN	X	MO	X	OK	X	VT	X
CO		IA	X	MT	X	OR		WA	X
CT		KS		NE	X	PA		WI	
DE	X	KY	X	NV	X	RI	X	WV	X
DC	X	LA	X	NH	X	SC	X	WY	X
FL	X	ME	X	NJ		SD	X		

^ No Nursing Home/Hospitalization Waiver

Their Turn to Talk

United American Policyholders speak out

At United American, we're confident our Agents receive positive feedback from their clients. But it never hurts to see their remarks in print. We received a tremendous response from customers when asked to relate their experiences with UA. Below is just a sample of the things our customers had to say...



I was advised many years ago by a friend to engage United American as a supplemental carrier. I have been pleased with their performance, especially in my "golden years."

Paul C. Blakeslee, Florida
UA Policyholder for 12 years



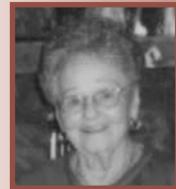
I've been with UA since 1982 and found your company to be very prompt and thorough in taking care of my claims. When I show my UA card at any medical facility, they always make the remark, "You have a very reliable extended insurance company."

Rita L. Davis, California
UA Policyholder for 20 years



I selected UA as my supplemental insurer because I had checked everywhere for a company that would supplement me under the age of 65. In the over eight years I've had this policy my claims have always been paid promptly. I am completely satisfied with the United American Insurance Company.

June L. McCoy, Kansas
UA Policyholder for 8 years



I could never be as happy as I am with UA. If I have to go to the hospital, I feel happy to know I am in good hands. Keep up the good work.

Lee Schoolman, California
UA Policyholder for 12 years

I have used this company for a long time. I have always had good service. There have been companies call me and ask what company I use. When I tell them, they tell me "No use talking to you," for this is one of the best. Just keep up the good work. I have never found anything to complain about!

W.M. Bennett, Mississippi
UA Policyholder for 22 years

My mother, Frances Rosenkrantz, is a client of United American. She turned 100 and has been signed up with United American as long as I can remember. She has had several surgeries and procedures and might not be alive today if we couldn't have counted on UA to cover the costs that Medicare didn't cover. This has been a great long-term relationship!

Karen Shapiro for her mother **Frances Rosenkrantz**, California
UA Policyholder for 18 years

Legislative Update:

‘Fixing Medicare’

Coverage for prescription drugs for Seniors and Medicare reform have been focal points for the Bush Administration in 2003. In June, the House and Senate took decisive steps in creating the biggest single expansion of Medicare since 1965. Both have passed legislation on Medicare reform packages including a voluntary prescription drug benefit. Phase One of the modernization of Medicare is the long-awaited and far-reaching Medicare drug benefit. Seniors have asked for assistance in paying for prescriptions and it appears their voices have finally been heard. Phase Two involves the introduction of new private market plans into Medicare which would compete with the government to provide coverage for hospital and physician services.

OVERVIEW:

The overall structure of the House and Senate bills are similar; however there remain differences in implementation and design. Key provisions in the proposals include:

Prescription Drug

- * An interim prescription drug discount card program that would be implemented soon after President Bush signs the final bill. The program would expire in January 2006, when a comprehensive drug program (Medicare Part D) begins.
- * Beginning in 2006, Medicare Fee-For-Service beneficiaries would be entitled to enroll in an optional Medicare Part D prescription drug benefit for an additional monthly premium.

Medicare Reform

- * Medicare beneficiaries can choose to enroll in new private plan alternative to traditional Medicare. These alternatives would also include a drug benefit.
- * Employers could receive assistance with their retiree health benefit programs which could include prescription drug benefits or subsidized premiums.

AREAS OF DISAGREEMENT:

While both bills meet the 10-year, \$400 billion spending cap, Republicans and Democrats are still divided on issues related to spending, responsibility of risk, premiums, and how benefits should be defined and delivered. In addition, the main areas of disagreement include the following:

1. The House and Senate are divided over guaranteeing access of prescription drug providers to Medicare beneficiaries in a particular geographic area, and the provision for Medicare as the “fallback” provider. The Senate bill includes the fallback, the House bill does not. Specifically the discussion centers on who bears the responsibility of risk and whether extra incentives should be paid to private plans to provide coverage.
2. In the House bill, private plans would begin to compete directly with traditional Medicare in 2010. Republicans would like to see more competition in the private sector to ensure long-term program stability; Democrats continue to support a government-sponsored FFS Medicare plan and prefer that beneficiaries not have incentives to select a private plan over Medicare.
3. The House bill also added an unrelated provision for Health Savings Accounts. This provision was passed as a separate legislation and is similar in makeup to Medical Savings Accounts. Republicans believe these accounts will help with the beneficiary’s cost sharing of health plans; Democrats believe the accounts could provide incentives for employers to provide lower benefit plans and cause people to become underinsured.

Sources: *Medicare and Medicaid Guide Nos. 1261-1263; Wall Street Journal June 13, 19 and 25; Vital Aging Report 2003; National Association of Health Underwriters*

HIGHLIGHTED COMPARISON OF HOUSE & SENATE BILLS

The bills below are now in conference and will continue into this fall. The conferees must produce an agreed upon report. The House and Senate must pass it again, and then the President would sign it. Below are highlights of the House and Senate bills.

HOUSE BILL (H.R. 1) PROVISIONS

PRESCRIPTION DRUG CARD (MEDICARE PART D)

The bill establishes an interim Medicare prescription discount card program, effective 90 days after the bill is signed and provides assistance to low-income Medicare beneficiaries. Program would expire in January 2006 when the more comprehensive program is implemented. Annual card fee is \$30.

PRESCRIPTION DRUG PROPOSAL

Annual Deductible: \$250/year

Estimated Monthly Premium: \$35

Beneficiary Co-pay: 20% of the costs from \$251-\$2,000/year. Beneficiaries would pay 100% of all drug costs between \$2,001-\$3,500.

Catastrophic Drug Coverage: Medicare pays 100% of drug costs after insured reaches out-of-pocket spending of \$3,500. Maximum varies with income.

MEDICARE REFORM — NEW PLAN OPTIONS

Medicare+Choice plans are renamed “Medicare Advantage” (MA). Beginning in 2006, beneficiaries could choose between local-based MA plans and regional PPOs called Enhanced Fee-For-Service (EFFS) plans.

Each Medicare Advantage plan would be required to offer:

- * Medicare Part A/B benefits, except hospice
- * At least one qualified prescription drug plan
- * Chronic care management benefits
- * Additional medical benefits

Each Fee-For-Service plan would be required to offer:

- * Standard and catastrophic benefits for Medicare Part A/B.
- * At least one qualified prescription drug plan
- * Additional medical benefits

MEDIGAP CHANGES

After January 1, 2006, no new Medigap policies can be issued that cover drug expenses (Plans H, I and J), unless it is a replacement policy that provides equivalent coverage. Beneficiaries who currently have Medigap drug coverage plan would be guaranteed enrollment in a non-drug Medigap policy. Two new Medigap policies would be created with expanded cost-sharing, including drugs (but not the deductible). These plans would be available only to Part D enrollees. United American does not offer Plans H, I and J.

SENATE BILL (S.1) PROVISIONS

PRESCRIPTION DRUG CARD (MEDICARE PART D)

The bill establishes an interim Medicare prescription drug discount card program, effective in 2004, and provides assistance to low-income Medicare beneficiaries. Program would expire in January 2006 when the more comprehensive program is implemented. Annual card fee is \$25.

PRESCRIPTION DRUG PROPOSAL

Annual Deductible: \$275/year

Estimated Monthly Premium: \$35

Beneficiary Co-pay: 50% of the costs from \$276-\$4,500/year. Beneficiaries would pay 100% of all drug costs between \$4,501-\$5,800.

Catastrophic Drug Coverage: Medicare pays 90% of drug costs after insured reaches out-of-pocket spending of \$3,700.

MEDICARE REFORM — NEW PLAN OPTIONS

Medicare+Choice plans are renamed “Medicare Advantage” (MA). Beginning in 2006, beneficiaries could choose between local-based MA plans and regional MA PPOs.

Each Medicare Advantage plan would be required to offer:

- * Medicare Part A/B benefits, except hospice
- * Qualified prescription drug coverage
- * Maximum limitation on out-of-pocket expenses and a unified deductible
- * Any required enhanced benefits
- * Disease management and chronic care services
- * Additional medical benefits

Each Fee-For-Service plan would be required to offer:

- * Standard and catastrophic benefits for Medicare Part A/B.
- * At least one qualified prescription drug plan
- * Additional medical benefits

MEDIGAP CHANGES

After January 1, 2006 no new Medigap policies can be issued that cover drug expenses, unless it is a replacement policy that provides equivalent coverage. Beneficiaries who currently have Medigap drug coverage plan would be guaranteed enrollment in a non-drug Medigap policy.

Do Not Call Laws:

Questions & Answers from UA's Legal Department.

1. How does the new federal "Do Not Call" (DNC) legislation affect the United American General Agency Division?

To the extent that they use the telephone to solicit business from residential customers, Agents are subject to the obligations imposed by the National DNC registry. The new rules, which become effective October 1, 2003, prohibit solicitors from calling intrastate or interstate residential telephone numbers included on the DNC list (which must be checked quarterly). The creation of the National DNC list does not alleviate an Agent's need to remain compliant with his or her own State DNC list, where one exists. Similarly, an Agent must refrain from calling the telephone numbers of those individuals who have specifically asked not to be called by the company he or she represents.

2. What entities are responsible for the regulation and enforcement of state and federal "Do Not Call" lists? What are their roles?

The National DNC Registry is jointly sponsored by the Federal Communications Commission (FCC) and the Federal Trade Commission (FTC). Although the FTC will administer the list, the two agencies will share enforcement responsibilities. Where applicable, each state has responsibility for administration and enforcement of its own state list.

3. I've heard that insurance companies are exempt from the National DNC list. Is that true?

No. Although the FTC is unable to assert jurisdiction over insurance companies, the FCC's endorsement of the DNC Registry closed certain "loopholes" and brought the insurance industry under the auspices of the new guidelines. In other words, because of the FCC's involvement, the National DNC list now applies to entities over which the FTC does not have jurisdiction, including insurance companies.

4. Are there any exceptions to the National DNC rules?

Yes. A company may call consumers with whom they have a business relationship for up to 18 months after the consumer's last purchase, payment or delivery and for up to 3 months after a consumer makes an inquiry or submits an application to the company even if the consumer's name is on the Do-Not-Call Registry. However, if a consumer asks a company not to call, the company may not call, even if there is an "established business relationship." Indeed, a company may not call a consumer - regardless of whether the consumer's number is on the registry - if the consumer has asked to be put on the company's do-not-call list.

Note also that a consumer who has placed his telephone number on the national registry may give express written permission to particular companies that he wants to hear from. Such permission must evidence the person's authorization that calls made by or on behalf of a specific party may be placed to him and should include the applicable telephone number as well as the consumer's signature (which may be an electronic signature).

5. Do the new rules apply to calls to set appointments, or strictly to sales calls?

Yes. Both types of calls are subject to DNC regulation. The term "telephone solicitation," as used by the FCC, means the initiation of a telephone call or message for the purpose of encouraging the purchase or rental of, or investment in, property, goods, or services, which is transmitted to any person.

6. May I call a referral if the person's telephone number is included on the National DNC list?

No. Where the telephone number you wish to call is included on the National DNC list, you may not call that number to solicit business (unless one of the exceptions above applies), despite the fact that it is a referral. "John" may not give permission for a company to call the residence of "Jane," where Jane's number is included on the National DNC list.

7. If I buy a list from a list-generating Company, am I or the Company responsible for Do Not Call numbers?

The "seller", or in this case the Agent (acting on behalf of the company he represents), is responsible for ensuring compliance with the National DNC list. Note also that telemarketers hired by companies to make calls on their behalf are required to comply themselves, even if the company for whom they are calling is somehow exempt.

8. What do I do if I receive a Do Not Call request?

If you are asked not to call a particular telephone number, you should log the person's name and telephone number on a separate DNC list maintained by the company. This list of consumer DNC requests must be retained for a period of five years and, like the National and State DNC lists, should be checked prior to placing calls to residential telephone numbers.

9. How do I find out the Do Not Call rules for my state?

To find out the DNC rules applicable to your own state, you may generally contact your state's Attorney General's office or Public Utilities Commission for further details. Additionally, many states have created "Do Not Call" websites that provide useful information.

10. What tips or suggestions do you have for Agents in light of this new legislation?

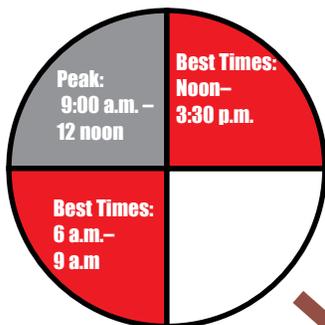
Agents should remember to check the National, State (where applicable), and company-specific DNC lists, at the required intervals, prior to placing telephone calls for solicitation purposes to residential subscribers. We recognize the fact that this is an evolving issue which may be subject to future litigation and/or administrative challenges, given the likely impact of the new rules. We will make every effort to keep you informed as new developments occur.

No Agent is an Island

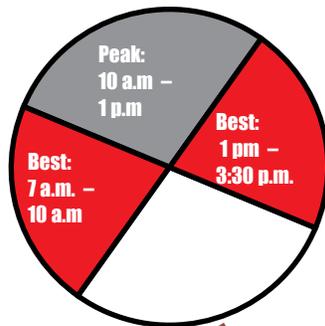
Agent Phone Communication

A trademark of United American is to provide quality Agent service to you, the Independent Agent. UA strives to answer all telephone calls promptly in effort to never leave an agent stranded. From 8 a.m. to 4:30 p.m. Central Standard time Agents can count on personal service rather than the hassle of a recorded message menu. The map below gives the appropriate times for you to call the office. The colored areas represent the best time to make "regular company business" calls; the gray areas indicate the peak times the home office receives phone calls. While UA gladly answers calls during peak time, you may want to consider making "regular company business" calls during non-peak times to assure immediate service.

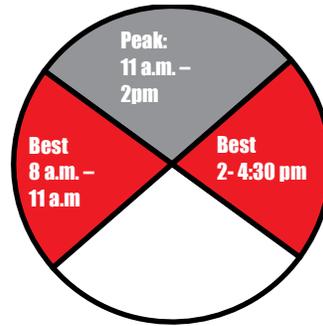
Pacific Time



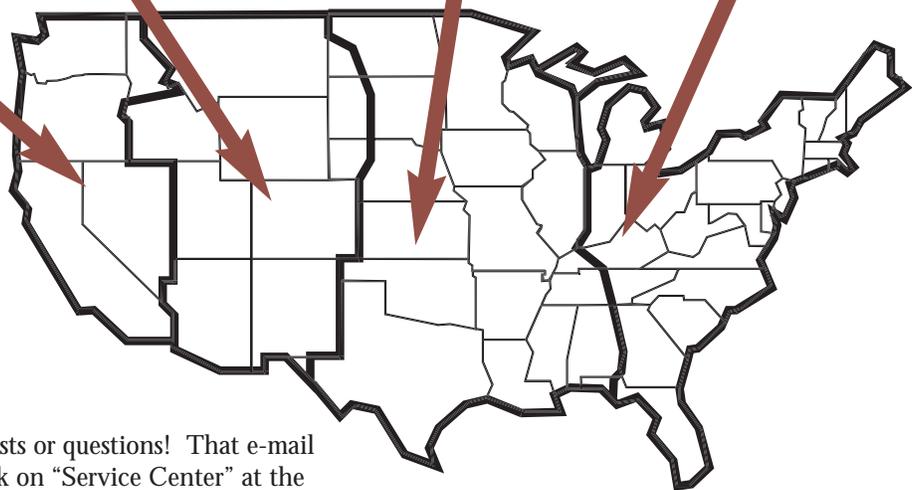
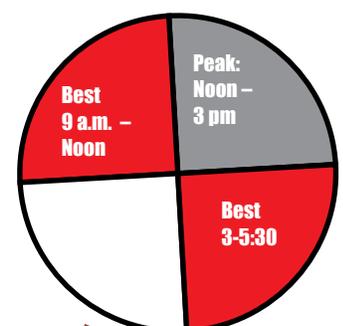
Mountain Time



Central Time



Eastern Time



Calls are taken 24 hours a day. Messages received after 4:30 p.m. Central Standard Time will be promptly returned the next business day.

Clocks show the following:

- Best Times – Color screen
- Peak times – Gray screen
- Recorded message – white screen

Don't forget you can also e-mail us your requests or questions! That e-mail address is: www.uageneralagency.com. Click on "Service Center" at the top of the page and type in the required information. It's that easy!

United American knows your time is money. The tips below enable UA to respond even faster to your requests. When calling the home office, please be prepared to provide the following information concerning Medicare and underage questions:

- **GENERAL AGENT NUMBER** – If not known, give Social Security number.
- **INSURED NUMBER AND NAME** – Give correct spelling of the insured's name or his/her Medicare ID number if it is a Medicare Supplement insured.
- **IF YOU HAVE UNDERWRITING QUESTIONS** – Please give the correct spelling of the condition, any symptoms, medication and dates last treated for the symptom.
- **IF YOU HAVE CLAIM STATUS QUESTIONS WE NEED** – Dates of service, billed amounts, control number (if Medicare policy), date claim or requested information was sent to UA, treated as an inpatient or outpatient.
- **BE SURE TO USE THE COMPANY TOLL-FREE NUMBER** – 1-800-925-7355 for Agent support. For routine supply orders call 1-800-285-3676, or the supply FAX number 1-405-752-9341. Using the supply lines will keep regular lines open for informational purposes. The numbers are for AGENTS ONLY; please do not give the numbers to policyholders or prospective customers.

PRESIDENT'S CLUB

Through July 2003, the following producers represent the top Agencies with the highest net combined annualized premium for the year. A distinguished wall plaque will be awarded each month to the number one President's Club candidate. Agencies shown in color are on schedule to attend the UA Sales Conference.



1. MICHAEL K. STEVENS
Farm & Ranch Healthcare



2. KEN PARKER
Parker & Associates, P.A.



3. CHARLES R. MANKAMYER
American Life & Health Group, Inc.



4. PAMELA RANDALL
P.R.'s Insurance Solutions



5. JIMMY K. WALKER II
America's Insurance Consultants, Inc.

- 6. THOMAS STATKEWICZ**
Sylvan-James Associates, Inc.
- 7. RAY GRIFFIN**
Union Benefit Corp.
- 8. MICHAEL LEMAR**
Sunshine State Agency
- 9. TINA HENSON**
American Eagle Consultants, Inc.
- 10. PHILIP B. ORTEZ JR.**
Phil & Kathy Ortez Insurance Agency, Inc.
- 11. LARRY L. WEBSTER**
Webster & Associates, Ltd.
- 12. HANI S. RIHAN**
H.R. Marketing
- 13. CATHERINE HATTON**
Hatton Insurance Agency
- 14. JONATHAN AHLBUM**
The Ahlbum Group
- 15. TERRY E. BREWER**
Brewer Insurance Agency
- 16. ROBERT LYLE**
Medical Insurance Services, Inc.
- 17. DAVID K. DANIELS**
David K. Daniels & Associates
- 18. RON CONCKLIN**
Rosenberg-Concklin, Inc.
- 19. PAUL SWEENEY**
Quality First Insurance Agency, Inc.
- 20. FRANKLIN D. CARBONE**
Assured Benefits Corp.
- 21. WILLIAM F. WISE JR.**
Wise Insurance Agency
- 22. PAUL D. WOOD JR.**
National Health Insurance Company
- 23. ROY G. WEINBERG**
Weinberg Insurance Agency
- 24. EAGLE INSURANCE GROUP**
- 25. WILLIAM BREWER**
Brewer Insurance Agency
- 26. JANE L. HUMMEL**
Cenco Services Insurance
- 27. JOSEPH M. EICHMAN**
Eichman Insurance Agency
- 28. KENNETH R. BOWLING**
Bowling Insurance Agency
- 29. GERALD R. STEVENS**
Stevens & Associates Insurance Agency
- 30. ROBERT POLLIER JR.**
Senior Management Services

PACESETTERS CLUB

Through July 2003, the following producers represent the top Writing Agents with the highest net combined annualized premium for the year. A distinguished wall plaque will be awarded each month to the number one Pacesetters Club candidate. Agents shown in color are on schedule to attend the UA Sales Conference.



1. DIANA R. PERKINS



2. CLINT HILL



3. CAMERON M. KIRCHOFF



4. FRANK D. DANDRIDGE



5. RICHARD W. CHALKER

- 6. TERRANCE R. DAVIDSON**
- 7. AMY-NICOLE PERKINS**
- 8. JERRY C. ANDERSON**
- 9. STEPHEN K. BARBER**
- 10. RICHARD R. ZEIS**
- 11. TOD E. KEMBLE**
- 12. PHILIP B. ORTEZ JR.**
- 13. JAMES E. MAYNER**
- 14. LYNN M. STOKES**
- 15. MICHELLE PATTON**
- 16. JAY M. MULLINS**
- 17. GREGORY PROSSER**
- 18. ANDREW M. BASHOR**
- 19. BRUCE A. BEIKMAN**
- 20. BARRY COLLINSWORTH**
- 21. PHILIP K. SEIDEMAN**
- 22. C. DEAN DAVISON**
- 23. JUDITH M. KETELSEN**
- 24. FREDERICK S. KANDEL**
- 25. JEFFREY LEGGETT**
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- 27. STEVE F. JANSEN**
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29. **TERRY W. PATTON**
30. **NANCY C. WILDER**



Headquarters of United American Insurance Company

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For over a half century, United American Insurance Company has been meeting the public's life and health needs. We are a leader in individual life/health protection. We are totally committed to meeting customer needs through personal one-on-one Agent service and complete Home Office customer support. You can count on UA to do what it says it will do.

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