

The news and ideas magazine for **UA's Branch Office Division.**

V

VISION
Magazine

May 2005

Time For New Medicine: Medicare's Part D





VISION
Magazine

UNITED AMERICAN

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 and 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.
www.uabranch.com
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VISION

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EDITOR'S PAGE

PROCARE APPROVALS

A special mailing regarding **ProCare Medicare Supplement** rate approvals for new business and renewals has been mailed to Branch Offices in **Pennsylvania**.

Check your state(s) ProCare rate memo for complete effective date information and cut-off dates for business written with old rates.

HDF VIDEO APPROVAL

The HDF Video presentation is now approved for advertising in Tennessee. Branch Managers may order the video on CD-ROM, DVD, VHS, or Mini-CD through Supply.

INTEREST RATES SET

The **Lifestyle Annuity** new money interest rate for the month of **June** is **3.5 percent**. Rates will continue to be reviewed and adjusted accordingly.

The **Deposit Fund Rider** new business interest rate for 2005 has been set at **3.00 percent**.

ATTN: ALL AGENTS

This is a reminder that the Bank Draft Form 1080 R05 is required with all FLEXguard applications. All FLEXguard applications requesting bank draft but missing this form will be pended.

ATTN: LTC AGENTS

Since UA first began marketing LTC products, we have experienced increasing frequency and severity of Nursing Home confinements. Because of this experience, UA implemented the first LTC rate increase in its history. The increase affects the old LTC block of business: NH1, NH2, and NH3. A special mailing regarding this rate increase has been sent.

ATTN: ALL LIFE AGENTS

UA will limit the Graded Benefit 400 Series and RT85 product offering to only two policies: 400 Series Ordinary Level Benefit (new Plan Code G59) and RT85 (new Plan Code G36). Updated Life Series Rate books will be available from Supply June 1st.

Effective July 1, 2005, Plan Codes G18, G50, G51, G52, G53, and G58 will no longer be available. A mailing detailing special premium rates and new commissions will be sent.

ATTN: LOUISIANA AGENTS

Effective immediately, the Optional Newborn Children's Transportation Benefit (Rider Form R-LA (14)) is no longer necessary with any UA policy.

FLEXGUARD REMINDER

FLEXguard uses a new type of application which utilizes Teleform technology. *Please be sure all required information is included on the application and all bubbles are filled in completely. Teleform applications may not be photocopied.* In addition, please keep in mind that the individual FLEXguard (IAGP) and Worksite FLEXguard (UAGP) applications require different information and cannot be used interchangeably.

DIDASKO UPDATE

Updates have been made to the Medicare Training CDs, and new CD sets have been shipped. If you have any questions about operating the new CDs, Branch Managers may call 1-877-DIDASKO for help.



Andrew W. King
President,
Branch Office Marketing Division

More changes for Medicare: *Are you ready for Part D?*

It's been in the news regularly for almost two years now. The Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA) signed into law in December 2003, initiated many changes within the Medicare system – changes which are being instituted over the next several years. One of the most controversial of these has been the new prescription drug benefit. Starting in January 2006, Medicare beneficiaries will be able to obtain some assistance for prescription medications through a new Medicare Part D. The new drug benefit, which will be voluntary, is the newest letter in the Medicare alphabet of Parts A, B and C. Medicare beneficiaries will be asked to participate in a Part D plan, which will require payment of a premium. Part D will be available through private sector plans such as stand-alone prescription drug plans (PDPs) or through Medicare Advantage (Part C) plans in conjunction with its healthcare coverage. Generally, here's how the standard plan works:

- *Participant must pay 100% of the first \$250 (calendar year deductible) each year.
- *Participant pays 25% of the next \$2,000 per calendar year.
- *Participant pays 100% of the next \$2,850 per calendar year.
- *Participant pays 5% over \$5,100 per calendar year.

How would Part D affect United American? We are currently in negotiations for UA to offer a private prescription drug plan (PDP) to administer the Part D program, and the particulars of the process are carefully being examined. There are a lot of issues to consider from both a practical and administrative perspective, and it will be later in the year before plans will be finalized. In the meantime, you can offer UA Partners® to your Senior customers. Our optional discount services program can provide them with outstanding discounts on prescription medications. Be sure to see the article on page 5 for valuable information about the UA Partners® Mail Order Prescription Form, which was specifically created to help Seniors order maintenance medications.

Although the Part D plan does not go into effect until January, Medicare beneficiaries will start to receive information from the government about aspects of the program beginning this month. The first mailing, which will be sent by the Social Security Administration, is to determine which Medicare beneficiaries could be eligible for additional assistance with Part D premiums, deductibles, and

co-payments. Although most people may not qualify for this extra assistance, recipients who could qualify will need to provide information about their incomes, savings, investments, and real estate (other than their primary place of residence). The face value of any insurance policies they have will be considered in determining their eligibility for assistance. If a couple has life insurance policies with a total combined face value of \$1,500 or more, they must report the cash value – that is the amount they would receive if the life policy was cashed in now. The mailing also encourages recipients to contact their insurance companies if they have questions about their life policies and includes FAQs about prescription drug plans in general. Although many of our customers may not be eligible for extra assistance with the New Part D plan, the Home Office is gearing up for more calls from customers, and Agents need to be prepared for an increase in customer contact as well.

Learn as much as you can to assist your Senior customers through the next months. With the Medicare maze growing larger and more complex every year, your customers will look to you for clarification of many Medicare-related concerns. Although many of you are working with very savvy Seniors, there is still a substantial group of Medicare Supplement customers and prospects who are not well-informed about their healthcare needs. It's up to you to educate them and to help them make the right choices and decisions. Certainly, one of the best ways to educate Seniors on the new Medicare Part D Program is to utilize Senior Citizen Meetings to answer their questions. When you tell these groups' members that there will be an explanation of a new program to save them money on their prescription drugs, it will be an easy way to get a large turnout for your meetings. Naturally, this will generate lots of interested HDF prospects too! What a perfect marriage of two low-cost solutions for curious Seniors!

Our center spread this month is devoted to Medicare Part D. It provides a quick review of the current Medicare system, some important dates to keep in mind, and some of the concerns both you and your customers will have about Part D.

Medicare Part D is a new program, and there are still many unknowns. For the remainder of 2005, the plan and the processes to implement and administer it will continue to evolve as the rules become fixed and as more insurers make decisions about participating. We will keep you informed as the months go by, so that we'll all be ready to roll come January 1, 2006.

Dial for Dollars with New HDF Phone Script!

Before you ever sit at your customer's kitchen table to explain the tremendous value of our HDF Medicare Supplement policy, you'll probably first speak with your prospect on the phone. Phone calling is a necessary part of insurance sales, and United American wants to make the process as easy as possible for you and your customer. We have available a new HDF phone script. It's brief, to the point, and follows the format suggested by the experts in the field of phone calling and appointments.

Keep these tips in mind to take the chill out of your phone calls:

- 1. Overcome your reluctance.** Make your calls early in the day when you're most energetic and fresh and least likely to find excuses to avoid them.
- 2. Prepare an opening statement.** Use our pre-approved phone script to quickly get your prospect's attention and make the best use of the first 20 seconds of call time. The script incorporates all the essential elements – a greeting, an introduction, a reference point (something about the prospect), the benefit of your offering, and a transition to a question to get your prospect to respond.
- 3. Don't launch into an extensive sales pitch.** Remember, **the purpose of the call is simply to get an appointment** with the prospect in order to make your presentation – **not to try to make the sale over the phone.** Work to stimulate the prospect's interest, find out a little information about the prospect and ask for an appointment. If the prospect tries to put you off by asking you to mail information, simply say, "Let me ask you a few questions so that the information I send will be relevant to your particular situation. And, if you like what you see, may we get together next week to discuss it in greater detail?" With this approach, you're respecting the prospect's wishes, but you're also getting what you need in order to proceed.
- 4. Two questions to avoid when you initiate your cold call** are "How are you today?" and "Is this a good time to talk?" The first sounds presumptuous and too personal coming from a total stranger, and the second gives the prospect an easy opportunity to terminate the call.
- 5. Don't get discouraged and give up!** Be persistent; it will eventually pay off!

Source: www.allbusiness.com

"Hello, my name is (Agent Name), and I'm talking to people today about Medicare and Medicare Supplements. I'm sure you're familiar with the rising costs associated with Medicare, but I want to make you aware of the High Deductible Plan F that is now available from United American Insurance Company.

If you're tired of paying too much for insurance premiums, you may qualify for more affordable premiums from our top-rated Company. Are you available (Day of the Week) around (Time of Day)?

Our policy may not be for everyone, but, if it does suit your needs, I'll be able to provide a quote for you when we meet. Thanks and see you (Day of the Week).

Not connected with or endorsed by the U.S. government or federal Medicare program. This is a solicitation for insurance. Additional Medicare Supplements are available which may be better suited to customer's needs. Plans and benefits vary by state. Some limitations and exclusions apply. Policy Form MSHDF.

The HDF Phone Script (AD HDF5-05) is approved for advertising in states marked with an "X" at press time.									
AK	-	GA	X	MA	-	NJ	-	SC	-
AL	X	HI	-	MD	X ^A	NM	X	SD	X
AZ	X	ID	X	MI	X ^A	NC	X	TN	X
AR	X	IL	X	MN	-	ND	X	TX	-
CA	X ^A	IN	X	MS	X	NY	-	UT	X
CO	-	IA	X	MO	-	OH	X	VA	-
CT	X	KS	X	MT	X	OK	X	VT	-
DE	X	KY	X	NE	X	OR	X	WA	-
DC	X	LA	X	NV	X	PA	X	WI	-
FL	-	ME	-	NH	X	RI	X	WV	X
								WY	X
X^A State Special Version									

UA Partners®

Mail Order Prescription Program Guide – *Valuable Assistance for your Seniors!*

Your Senior customers need all the help you can give them when it comes to securing the best prescription pricing and maneuvering through the prescription medications maze. However, due to privacy regulations and liability issues, your ability to help has boundaries. **Yes, you can definitely offer them substantial prescription discounts available through UA Partners, our optional discount services program, but only your customer can actually place the order for those mail order, maintenance medications.** We do make it easy for them, however, with the UA Partners® Mail Order Prescription Guide. Specifically designed to help your customers order maintenance medications, *the guide is included with their Partners fulfillment materials and can be used in any state where UA Partners is approved.*

This *free* guide also is available in an Agent Training format (F4505-T), but only to help you understand the order process. You can trust the UA Partners Mail Order Prescription Program Guide to assist your customers when placing mail-order prescription requests.

The guide includes:

- **Ordering information and instructions**

The form explains what information the customer must have to place the order – customer name, UA Partners ID Number, date of birth, mailing address and telephone number – and takes the customer step-by-step through the initial order, from pricing the prescriptions to ordering refills. Whether or not the customer has a written prescription from the physician and how the customer wants to pay (credit card, check or money order) determine how the customer completes the order.

- **A “Physician’s Tip Sheet”**

The patient lists pertinent information – his or her name, UA Partners ID Number and UA Partners Program Number – to give to the dispensing physician. The Tip Sheet clearly explains to the physician how the prescription program works, how it’s administered and provides the physician with phone and fax numbers should he or she have questions or need to authorize refills.



Tips For Mail Order Prescriptions:

1. Prescription processing and delivery can take up to 10 days, so patients should order well in advance.
2. Prescriptions for maintenance medications should be for a 90-day supply.
3. Patients should always request generic medications when available.
4. Make sure your customers receive the Mail Order Prescription Guide and answer any questions they may have about the enrollment process.

A, B, C . . . D?

As United American gears up for this new step into the future of Senior healthcare, we know you and your customers will have a lot to learn about the new program. The Home Office is learning too and will be with you every step of the way. Spend some time at www.medicare.gov to become informed about Part D. The more you can learn now, in addition to the information here, the more help you can be to your customers when the program takes effect.

Beginning January 1, 2006, prescription drug coverage will become available to all Medicare beneficiaries through the new Medicare Part D, the Voluntary Prescription Drug Benefit Program – an optional prescription drug benefit for individuals who are entitled to or enrolled in Medicare benefits under Part A and Part B. Part D is not a part of the traditional Medicare triad, but will be provided under private prescription drug plans (PDPs) that will offer only prescription drug coverage. Medicare Advantage prescription drug plans (MA-PDs) will integrate prescription coverage with the healthcare coverage already provided under Part C.

QUESTIONS ABOUT MEDICARE PART D:

Who Can Enroll?

Individuals entitled to Medicare Part A or enrolled in Part B are eligible to enroll in Part D. Open enrollment for Part D will take place between November 15, 2005 and May 15, 2006. Coverage becomes effective January 1, 2006 or the first day of the month after the date of enrollment after January 1. Although the coverage is voluntary, there will be a financial penalty for beneficiaries who sign up after May 15, 2006. The financial penalty will be a one percent increase in premium for every month the participant was not enrolled.

How Will the Program Be Administered?

Medicare is contracting with individual companies to provide the prescription drug coverage. Private prescription drug plans (PDPs) must offer a basic prescription drug benefit determined by Medicare, but can offer more coverage and additional drugs for higher monthly premiums.

What Will It Cost?

Those who enroll in Part D will pay a monthly premium and share the cost of the prescriptions. The 2006 monthly premium for the basic plan has been estimated at \$35 and may increase or decrease depending upon the selected plan.

For the basic plan, the annual Prescription Drug Plan (PDP) deductible is currently set at \$250 with a 25 percent co-insurance for costs between \$251 and \$2,250. For costs between \$2,251 and \$5,100, beneficiaries will pay 100 percent of the costs themselves. Once a beneficiary has

spent \$3,600 out-of-pocket, coverage will again take effect and is basically 95% coverage — the beneficiary will pay \$2 for generic drugs and \$5 for non-preferred drugs or five percent of the drug's cost, whichever is greater.

What Information is Available?

Periodic mailings from Medicare and Social Security will be sent to Medicare beneficiaries over the next several months to help them become familiar with the program, its regulations and requirements, and to help them decide if the program is right for them. Beginning in the Fall of 2005, Medicare will provide general information to help beneficiaries choose and join a plan. The *Medicare & You 2006* handbook will be issued this fall and will list the PDPs available in the beneficiaries' areas.

What Happens to the Medicare Discount Cards Customers Use Now?

From January 1, 2006 to May 15, 2006, the current Medicare-approved drug discount cards will be phased out, and Medicare Prescription Drug coverage will take effect. However, UA customers may continue their UA Partners prescription discounts if they choose.

Will United American participate in Part D?

At this time, UA is looking into becoming a PDP to offer the Part D program. In the meantime, the Home Office and UA Agents need to be aware of the timeline (see pg. 7) and any mailings as there will likely be an increase of policyholder calls and questions.

Medicare's **NEW** Prescription Drug Coverage

KNOW YOUR MEDICARE A,B,C's

Medicare is the federal health insurance program administered by the U.S. Department of Health and Human Services for people age 65 and above and certain disabled underage people. It currently is divided into three parts:

1. Part A helps to cover hospital expenses such as inpatient hospital, home health, skilled nursing facility, psychiatric hospital services and hospice care. Most people don't pay a premium for Part A because they, or their spouse, have accumulated a sufficient number of work quarters in their lifetime to be exempt.
2. Part B helps to cover medical expenses such as doctors' visits, outpatient services, some mental health services, durable medical equipment, some preventive services, and home health visits not covered under Part A. The majority of beneficiaries pay a premium for Part B each month that is taken out of their Social Security checks. The Part B premium for 2005 is set at \$78.20.
3. In 1997, Medicare + Choice (now called Medicare Advantage) was introduced. Unofficially referred to as Part C, Medicare Advantage offers expanded benefits beyond Part A and Part B through private health insurance programs such as HMOs and PPOs contracted with Medicare. An individual must be enrolled in Part A and Part B to enroll in Part C.

Sources: www.medicare.gov; The Department of Medical Assistance Services; Centers for Medicare & Medicaid Services; Social Security Administration; www.bankrate.com

Facts About Prescription Drug Benefit Time Line

December 2003:
Medicare Prescription Drug, Improvement and Modernization Act (MMA) signed into law by President Bush.

May 2004:
Drug Discount Cards become available as transitional step to Prescription Drug Benefit.

January 2005:
Final rules for Prescription Drug Benefit published by Medicare.

May 2005:
Social Security Administration mailing sent to beneficiaries to determine if eligible for financial assistance.

June 2005:
People with low incomes start applying for extra help with drug plan costs.

November 2005:
Enrollment in prescription drug benefit begins.

January 2006:
Prescription drug coverage begins for those who enroll.

FLEXGUARD™

the perfect alternative for many prospects!

Given the state of the underage healthcare market, the need for a quality, affordable underage health product is very real.

Consider these facts:*

- Most Americans have health insurance through their employers, but with the rising costs of employer-sponsored coverage, many employers are not providing coverage. In addition, many workers are choosing not to take part in employer-sponsored plans because of cost shifting to employees.
- Increasing reliance on part-time employees means many workers have no access at all to employer-sponsored benefits.
- Between 2002 and 2003, the number of people with employer-sponsored health coverage fell 1.3 million.
- Approximately 11.4 percent of children are without any health insurance.
- More than 28 percent of young adults (ages 18 to 24) do not have health insurance.
- Only seven percent of the unemployed can afford to pay for COBRA coverage.
- The uninsured are more likely to delay seeking care than the insured, and are more likely to seek help in emergency rooms, driving up the cost of healthcare for everyone.
- Uninsured adults hospitalized with a traumatic injury are more than twice as likely to die in the hospital as insured adults.
- The U.S. spends \$35 billion annually to provide uninsured residents with medical care and sacrifices an additional \$65 billion to \$130 billion to lost productivity.
- The U.S. Census Bureau reported that 45 million Americans were uninsured in 2003.

** Source: Facts on Health Insurance – National Coalition on Health Care*

Although United American is just a few short weeks into FLEXguard sales, we're already seeing tremendous excitement among both Agents and policyholders. Keep these points in mind to make your FLEXguard sales soar!

1. FLEXguard prospects are everywhere. Many of the uninsured are healthy and insurable, but can't afford or don't have access to a major medical plan. For those with access and affordability issues and those who can't qualify for major medical because of pre-existing conditions, a limited benefit plan like FLEXguard with a quality company like United American may be the perfect alternative.
2. Another excellent group to prospect is small business employees whose employers do not offer employer-sponsored benefits. Employees of companies with two to ten employees have tremendous potential for FLEXguard, since they have such high uninsured figures.
3. Learn as much as possible about your prospect's financial situation and family needs. Discuss what they can afford, but don't oversell. Their need for optional riders will be very individual, so listen carefully and let them tell you what they need.
4. Three benefit levels – \$50,000, \$75,000 and \$100,000 – and several additional benefits give customers greater choice and flexibility in determining how they will handle their healthcare needs. The Outpatient Physician Charges Benefit may be just what a young family needs who anticipates frequent doctors' visits for children. The Critical Illness Benefit may be just right for a family with a heredity of certain health problems or one that just wants an extra amount of protection. The Accident Benefit could be made to order for a family member who has a lot of travel exposure and may want that additional coverage.
5. Explain FLEXguard accurately to prospects. Do not portray it as a major medical plan, but as a policy that provides hospital and surgical expense coverage with a quality company. When prospects realize the tremendous value and flexibility FLEXguard offers, the choice will be obvious!

FLEXguard's a winner!

Branch Manager feedback on FLEXguard is just what we anticipated. They know a great product when they see it, and their enthusiasm is contagious!

Vision: What has been the overall response of your Branch to our new FLEXguard offering?

JM: Outstanding! This has been a big boost in our production and morale.

AL: It has been very positive. The flexibility of benefit amounts and the added doctor visit feature really help sales. The product is close to what most

people understand about health insurance, so the presentation is easier.

JG: Everyone is excited! The new plan gives clients more of what they want!

Vision: Who are the best candidates for FLEXguard?

JM: Small business owners looking for affordable coverage make excellent candidates.

AL: Everyone under age 63 who has no health insurance is a potential prospect. Why? One application, one bank draft and multiple coverage options fulfill their needs and budget.

JG: We're having success with every age group, although our best results have been with Baby Boomers ages 45 to 60.

Vision: What approach do you use to sell FLEXguard?

JM: Always first ask for a budget. Then deliver what people want – good coverage at an affordable price. Pay special attention to the optional benefits like Additional Physician charges, Critical Illness, Cancer, and Accident coverage.

AL: The approach used for GSP1 holds true for FLEXguard. A good warm up with a great fact finder is the key to success. Determining the customer's needs and budget are priority number one. Agents must be like doctors; they must do the exam before they can write a prescription. Once we uncover the needs and budget, we can determine what product or products fit the needs of the customer. FLEXguard added more options and choices for our Agents and their prospects. Freedom of choice and guaranteed renewable really mean something at United American!

JG: We start our presentations with, 'Most people who don't have health insurance have been dropped from their plans or have been priced out of the market with premium payments that are sometimes higher than mortgage payments. What if I can show you a policy that is more affordable, will never drop you as long as premiums are paid - guaranteed renewable, and will allow you to go to any hospital or doctor?' That's hard to resist!



Jeff
Miller
Branch 50



Andy
Laudenslager
Branch F2



Jason
Gsoell
Branch F8

Vision: What is the most appealing aspect of FLEXguard for Agents and customers?

JM: Choices! Three benefit levels fit just about anyone's budget.

AL: Having doctors' benefits on the first visit is very appealing. My Unit Manager Matthew made this comment to me recently, 'Andy, I had a client call. I delivered her \$50,000 benefit level FLEXguard policy, and she went to the doctor's office.

She told me that before having insurance her visit was around \$100. When she presented her UA Partners® card and green ID today, her visit cost \$13. She was very happy and has already told her brother and some of his coworkers, who are uninsured, about United American. Thank you for giving me the opportunity to help her with a quality company like ours.'

JG: The whole package – guaranteed renewability, freedom to choose one of three benefit levels, freedom to choose any doctor or hospital, the price – is very appealing.

Vision: Who are your Branch's FLEXguard champs?

JM: We received the FLEXguard applications on April 27th and, as of May 9th, we have written and submitted over \$200,000 in premium. Branch 50 champs include: Steve with \$23,152; Mike with \$17,208; Charlie with \$21,712; Ron with \$18,192; and Pam with \$18,240 – all in the two weeks that the product has been on the market.

AL: Matt is definitely a champ, but everyone is doing a great job!

JG: Branch F8 has several: Donna, Andrew, Milton, Renay, John, and Tanner have been especially successful.

Vision: How do you see the future of FLEXguard in the UA portfolio?

JM: Very positive. This is another great addition to our "Supermarket" of products and demonstrates our absolute commitment to satisfying the needs of our clients.

AL: Because of uncovered doctor visits, cancellations were sometimes higher than acceptable with the GSP1. FLEXguard does a better job in that area, and cancellations should be fewer with this product.

JG: We believe our new products will be the difference between a \$50K Agent and a \$200K Agent.

V

ACHIEVEMENT PRESIDENT'S CLUB

Through April 2005, the following producers represent the Top Agents, Unit Managers and Branch Managers with the highest net-net premium for the year. To be listed here, you must have a Quality of Business rate of at least 61% as determined by the 4th month persistency report (or Decline/Cancellation rate of less than 25% from the convention report if no QOB rate is available), be above minimum standards, have a credit balance on your personal account (Branch Managers must have credit in the Z account as well), and have growth of inforce premium over 12/04.

BRANCH MANAGERS

1. John Hamilton
Branch 61
\$632,088



2. Justin White
Branch G7
\$597,364



3. Randy Byrd
Branch 74
\$576,880



- 4. Ron Seroka, Branch 90 \$570,970
- 5. Ross Taylor, Branch 92 532,760
- 6. Alan Spafford, Branch 60 419,362
- 7. Dennis Mitchell, Branch 80 396,971
- 8. Sheryl Sisler, Branch G8 336,071
- 9. Greg Gorman, Branch 86 305,287
- 10. Eric Sellors, Branch 49 270,783

UNIT MANAGERS

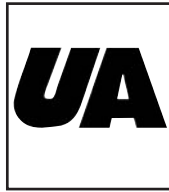
1. Richard Byrd
Branch 74
\$360,336



2. Penney Frazier-Parham
Branch 61
\$310,125



3. Bonnie Coffel
Branch G8
\$257,002



- 4. James Short, Branch 61 \$216,426
- 5. Michele Sellors, Branch 49 209,763
- 6. Julie Gorman, Branch 86 205,764
- 7. Chris Villwock, Branch H1 194,024
- 8. Gene Love, Branch 92 190,898
- 9. Cody Webster, Branch 50 188,042
- 10. Karen Dolan, Branch 63 187,326

AGENTS

1. Zane Miller
Branch 92
\$85,639



2. Donald Arnett
Branch C9
\$74,756



3. Juan Ramirez
Branch 89
\$66,692



- 4. Mark Wofford, Branch 50 \$61,484
- 5. Brenda Simons, Branch G8 60,938
- 6. Janet Tumminia, Branch 23 60,904
- 7. Leslie Sussman, Branch 77 57,925
- 8. Brian Verch, Branch 63 57,301
- 9. James Short, Branch 61 56,539
- 10. Jeffrey Tole, Branch 47 56,418

HONOR CLUB

Through April 2005, the following Agents, Unit Managers and Branch Managers ranked 11 through 20 in terms of net-net premium for the year. To be listed here, you must have a Quality of Business rate at least 61% as determined by the 4th month persistency report (or Decline/Cancellation rate of less than 25% from the convention report if no QOB rate is available), be above minimum standards, have a credit balance on your personal account (Branch Managers must have credit in the Z account as well), and have growth of inforce premium over 12/04.

BRANCH MANAGERS

- 11. Richard Krout, Branch 66 \$250,939
- 12. Peter Schettini, Branch 39 245,916
- 13. Don Shears, Branch F9 243,329
- 14. Miles Dalton, Branch 91 226,787
- 15. Craig Villwock, Branch H1 224,499

UNIT MANAGERS

- 11. Jimmy Swindall, Branch 92 \$185,688
- 12. Stewart Ross, Branch 68 182,140
- 13. Joshua Byrd, Branch 74 179,880
- 14. Ray Miller, Branch 80 166,514
- 15. Steven Lauer, Branch 66 164,468
- 16. James Heineman, Branch 89 153,593
- 17. Gary Deese, Branch F1 145,953
- 18. JoAnn Spafford-Paak, Branch 60 143,284
- 19. John Fox, Branch G7 143,026
- 20. Christopher Fox, Branch G7 141,645

AGENTS

- 11. Mark Tames, Branch G7 \$56,304
- 12. Barbara Pete, Branch 40 55,533
- 13. Joanne Hoffman, Branch F8 54,535
- 14. Jamie Benson, Branch 94 54,527
- 15. James LaPradd, Branch 18 53,312
- 16. Ronald Baney, Branch 50 52,315
- 17. James Greene, Branch 55 51,525
- 18. Lorrie Rodriguez, Branch H3 51,060
- 19. Jeffrey Daniels, Branch G8 50,429
- 20. Steve Carlisle, Branch 61 50,019



Rookie Manager

The Top Rookie Manager has been a manager for less than one year and is recognized by United American for the Branch's combined net-net premium.

JUSTIN WHITE, of Branch G7 is April's **ROOKIE MANAGER OF THE MONTH**. The Branch G7 team produced **\$99,344** of net-net annualized premium in April, making it the third month in a row.

*Way To Go Branch G7! Congratulations Justin!
Your team did it again!*

Welcome

Craig Villwock has been promoted to Branch Manager of Branch H1. Craig was previously a Unit Manager in Branch 63, and he's already in April's top 15! Outstanding work, Craig!

First Year Agent Production

Through April 2005, the following represent the Top Five Branch and Unit Managers with the highest First Year Agent production for the year.

Top 5 – 1st Yr. – Branch Manager		Top 5 – 1st Yr. – Unit Manager	
1. Justin White, Branch G7	\$589,527	1. Richard Byrd, Branch 74	\$279,204
2. John Hamilton, Branch 61	474,936	2. Bonnie Coffel, Branch G8	257,002
3. Ron Seroka, Branch 90	442,685	3. James Short, Branch 61	216,426
4. Randy Byrd, Branch 74	433,948	4. Michele Sellors, Branch 49	205,502
5. Dennis Mitchell, Branch 80	350,394	5. Julie Gorman, Branch 86	165,566

Note the standings on the previous page — these Branch Managers and Unit Managers keep United American among the best of the best!

UA's tremendous new products create exciting opportunities for everyone! This will be a year of outstanding achievement for all associated with United American.

Million Dollar Milestone

as of April 2005.

Lance Taylor Branch 18	\$2,092,296
Justin White Branch G7	\$1,059,892

Congratulations Lance and Justin! Your accomplishments are proof that active recruiting and training pay off in a big way!

QUALIFIERS ON SCHEDULE

LAKE TAHOE, NEVADA

BRANCH 01**BRANCH 02****BRANCH 06****BRANCH 08****BRANCH 09****BRANCH 10****BRANCH 12****BRANCH 15**

Brian Pederson, U. Mgr.

BRANCH 17**BRANCH 18**

Shawn Driggers

Crystal Floyd

Willie Grant

Amber Kelly

James LaPradd

William Privette, U. Mgr.

Christian Smith

Samuel Watkins

BRANCH 20

Stephan Miller, U. Mgr.

BRANCH 21**BRANCH 22**

Gordon Larson

BRANCH 23**BRANCH 25**

Betty Holladay

BRANCH 28

Roy Whatley

BRANCH 30

Deborah Campbell

BRANCH 31**BRANCH 33****BRANCH 38****BRANCH 39**

Paola Pereyra, U. Mgr.

Peter Schettini, Mgr.

BRANCH 40

Barbara Pete

BRANCH 43**BRANCH 45****BRANCH 46**

Marion Parker Jr., U. Mgr.

BRANCH 47

Joshua Moore

Jeff Tole, U. Mgr.

BRANCH 49

Jon Baggett

Eric Lardner

Eric Sellors, Mgr.

Michele Sellors, U. Mgr.

BRANCH 50

Ronald Baney

Tony Difilippo

Jason Everett, U. Mgr.

Brandon Gross, U. Mgr.

Renae Hughey

Timothy Nuckolls, U. Mgr.

Cody Webster, U. Mgr.

Mark Wofford

BRANCH 53

Christopher Lawson

BRANCH 54**BRANCH 55**

James Greene

William Urbanik

BRANCH 59

Walter Berry

David Klein, U. Mgr.

BRANCH 60

Mark Hargis, U. Mgr.

Christopher Loveless, U. Mgr.

Alan Spafford, Mgr.

JoAnn Spafford-Paak, U. Mgr.

BRANCH 61

Steve Carlisle

Penney Frazier-Parham, U. Mgr.

Robert Guenard

John Hamilton, Mgr.

Steve Mauldin, U. Mgr.

David May

James Short, U. Mgr.

Cristal Tappe

Justin West

BRANCH 62**BRANCH 63**

Donald Cronin

Karen Dolan, U. Mgr.

Brian Verch

BRANCH 66

James Brooks

Colin Clinton

Megan Danaher

William Harris

Barie Hoepfner

Richard Krout, Mgr.

Steven Lauer, U. Mgr.

BRANCH 68

Stewart Ross, U. Mgr.

BRANCH 69

Daniel Doane

Johnnie Medina

BRANCH 73**BRANCH 74**

Benjamin Blackwell

Joshua Byrd, U. Mgr.

Randy Byrd, Mgr.

Richard Byrd, U. Mgr.

Hope Comstock

Sharon Glover

Sharon Sheffield

Sean Summerlin

Michael White

BRANCH 76

Janie Barrett, U. Mgr.

BRANCH 77

Patricia Everette, U. Mgr.

Leslie Sussman

BRANCH 80

Jennifer Bennett

Caren Gertner Fritts

Raymond Miller, U. Mgr.

Dennis Mitchell, Mgr.

BRANCH 86

James English

Greg Gorman, Mgr.

Julie Gorman, U. Mgr.

BRANCH 87

Jimmy Thanadabout

BRANCH 89

Jim Heineman, U. Mgr.

Juan Ramirez

BRANCH 90

Douglas Biss, U. Mgr.

Nancy Ellis

Terry Jurovcik

Melissa LeBlanc, U. Mgr.

Diane Maimone

Brad Schriber

Ron Seroka, Mgr.

Carl Zrelak

BRANCH 91

Miles Dalton, Mgr.

BRANCH 92

Craig Fortner, U. Mgr.

Gene Love, U. Mgr.

Daniel Midura

Zane Miller

Keith Singleton

Jimmy Swindall, U. Mgr.

Ross Taylor, Mgr.

Mary Woodruff

BRANCH 93**BRANCH 94**

Jamie Benson

BRANCH 94 (CONT.)

Haze Hammett

Brian Luke, U. Mgr.

Jay Politi

BRANCH 97

Jason Brewer, U. Mgr.

Seth Edwards

Michael Munns

BRANCH A1**BRANCH A4****BRANCH A8**

Peter Evans

BRANCH B2**BRANCH B7****BRANCH C3**

Kenneth Bell, U. Mgr.

Nathan Omond

BRANCH C5**BRANCH C6****BRANCH C8****BRANCH C9**

Donald Arnett

Donovan Dock

Reed Gempeler, U. Mgr.

BRANCH D5**BRANCH D8**

Theodore Stokes

BRANCH D9

Ronald Chock, U. Mgr.

Mitchell Ogas

BRANCH E1

Brian Henton

James Nordstrom, U. Mgr.

BRANCH E4

Billy Davidson

Paul Price

BRANCH E6

Neil Carlson, U. Mgr.

BRANCH E9**BRANCH F1**

Gary Deese, U. Mgr.

BRANCH F2

Richard Ash

Eugene Lowther

Edward Washington

BRANCH F3

Jamison Seibert

BRANCH F6**BRANCH F8**

Andrew Bliss, U. Mgr.

Darwin Childs, U. Mgr.

Andrew Coutavas

Joanne Hoffman

Donna Loupe

Tanner Smith

BRANCH F9

Don Shears, Mgr.

Stephen Williams

BRANCH G1**BRANCH G2****BRANCH G4**

Robin Cooley-Povolny

BRANCH G5**BRANCH G6****BRANCH G7**

Christopher Fox, U. Mgr.

John Fox, U. Mgr.

John Gentry

Karen Herrera

Macon Hughes

Debra Lee

Mark Tames

Justin White, Mgr.

BRANCH G8

Sharon Chandler

Bonnie Coffel, U. Mgr.

Jeffrey Daniels

Melissa Marte

Karen McKinney, U. Mgr.

William Pinkham

Brenda Simons

Sheryl Sisler, Mgr.

BRANCH G9**BRANCH H1**

Dan Detwiler

David Endicott, U. Mgr.

Craig Villwock, Mgr.

Chris Villwock, U. Mgr.

Suzanne Woodstuff

BRANCH H2**BRANCH H3**

Thomas Poydock

Lorrie Rodriguez

BRANCH H4**BRANCH H5****BRANCH L3**

Charles Johnson, U. Mgr.

Jessica Maulding

United American recognizes Agents, Unit Managers and Branch Managers who are on schedule, as of April, for the 2005 National Sales Convention. **The Convention will be held June 29 - July 2, 2006.**

You must have the following net-net production to qualify.*

**Agents — \$38,332; Unit Managers — \$26,000 First Year / \$104,000 Total;
and Branch Managers — \$52,000 First Year / \$208,000 Total.**

*To be listed, you must have a Quality of Business rate of at least 61% from the 4th month persistency report (or a Decline/Cancellation rate of less than 25% from the convention report if a QOB rate is not available), have inforce premium growth over 12/04, have a credit balance in your personal account (Branch Managers must have a credit in the Z account as well) and be above minimum standards.