

**LOYAL AMERICAN LIFE INSURANCE COMPANY®**  
**P.O. Box 26580 – Austin, TX 78755-0580**  
**(800) 633-6752**

**STATE OF OHIO REQUIRED DISCLOSURE**  
**FOR SALE OR SOLICITATION OF A MEDICARE SUPPLEMENT INSURANCE POLICY**

**The below named Insurance Agent or Broker, certifies:**

- That I am a licensed as an insurance agent by the state of Ohio.
- That I am appointed to represent Loyal American Life Insurance Company®.
- That I am making the solicitation or sale on behalf of the Loyal American Life Insurance Company.
- That neither myself, or Loyal American Life Insurance Company has any connection or affiliation with, and are not in any way sponsored by, the federal or state government, the social security administration, the centers for Medicare and Medicaid services, or the Department of Health and Human Services.

Agent Name \_\_\_\_\_ Agent Phone No. \_\_\_\_\_

Address of Agent \_\_\_\_\_

---

**You, the applicant, have a right to:**

- Verify the information provided above by contacting the Ohio Department of Insurance at:

Ohio Department of Insurance  
50 W. Town Street, 3rd Floor-Suite 300  
Columbus, OH 43215

- Contact the agent or broker making the solicitation or sale at both an address and telephone number provided above.
- Contact the insurance company or insurance companies on behalf of which the solicitation or sale was made at an address and telephone number provided by the agent or broker.

Payments for insurance premiums should always be made payable to the insurance company.