



THE
AMERICAN
TOBACCO
COMPANY

Memorandum

TO: HONORABLE NIKKI R. HALEY

FROM: HARRY W. GAMBLE

SUBJECT: ANN C. GAMBLE

Date APRIL 5, 2016

Location 1205 PENDLETON ST.
COLUMBIA, SC 29201

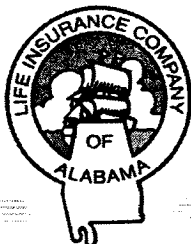
P.O. Box 536
Location HEMINGWAY, SC 29554

I WOULD LIKE TO INTRODUCE YOU TO MY WIFE, ANN, WHO WAS THE FIRST NURSE HIRED IN THE SCHOOL SYSTEM IN SOUTH CAROLINA. CLIFF SEVERANCE (DECEASED), PRINCIPAL OF HEMINGWAY HIGH SCHOOL, HIRED HER AS A REGISTERED NURSE FOR THE SCHOOL IN HEMINGWAY. AFTER BEING HIRED, SHE BOUGHT THE CANCER POLICY FROM LIFE INSURANCE COMPANY OF ALABAMA WITH THE UNDERSTANDING THAT THERE WOULD NEVER BE AN INCREASE IN THE PREMIUM. IN THE BEGINNING, THE COMPANY UPHOLD ITS PART OF THE PROMISE. HOWEVER, AFTER SHE HAD THE POLICY FOR A WHILE, THE PREMIUM STARTED GOING UP. WHEN SHE BOUGHT THIS POLICY, THE PREMIUM WAS \$71.54. BY 2008, IT HAD INCREASED TO \$98.82. BY JUNE 2013, IT WAS UP TO \$172.84. NEXT INCREASE WENT UP TO \$198.77. THEN IN MAY 2015, THE PREMIUM WAS INCREASED TO \$228.58. SHE JUST RECEIVED A LETTER STATING THAT IN MAY 2016 THERE WILL BE ANOTHER INCREASE TO \$274.30. I THINK THERE SHOULD BE AN AUDIT OF THIS COMPANY AND THE POLICIES SOLD IN SOUTH CAROLINA TO SEE IF THESE INCREASES ARE JUSTIFIED. THIS POLICY WAS BOUGHT IN 1985.

I RETIRED, AFTER WORKING MANY YEARS WITH THE AMERICAN TOBACCO COMPANY. ALTHOUGH THE PRODUCTS WERE HARMFUL, THIS COMPANY ADDED MILLIONS TO THE ECONOMY. I AM INTERESTED IN THE COST OF THIS POLICY, BECAUSE I AM PAYING THE PREMIUMS.

SINCERELY,

Harry Gamble



LIFE INSURANCE COMPANY

of Alabama

03/20/2016

ANNIE C. GAMBLE
PO BOX 536
HEMINGWAY, SC 29554-0536

HOME OFFICE
P.O. BOX 349
GADSDEN, ALABAMA 35902
Phone: (256) 543-2022

Policy: H000631317
Current Rate: \$228.58
New Rate: \$274.30
Percentage Increase: 20.00%
Premium Frequency: Monthly
State of Issue: SC Plan: C27IB
Effective Date of Increase: 5/07/2016
Insured: ANNIE C. GAMBLE



Dear ANNIE C. GAMBLE

Your existing Cancer Policy provides coverage for costly cancer treatments such as Radiation and Chemotherapy benefits. Unfortunately, due to the rising costs of these treatments the Company has filed the required documentation with the Insurance Department for a premium rate adjustment. The premium on your cancer policy will increase from \$228.58 to \$274.30 Monthly, effective 5/07/2016.

We are pleased to announce that you do have an alternative to LOWER your premium.

The enclosed pages offer a brief description of the benefits provided by this alternative coverage. Please review the benefits carefully as the coverage offered by this new policy may be less than your current policy. This new policy is available to you on a GUARANTEE ISSUE basis, regardless of your medical history. The premiums for this alternative benefit option are \$81.45 Monthly, based upon your age at the time of this letter.

If you wish to keep your current coverage, your premiums will simply increase to \$274.30 effective 5/07/2016. If you elect to change and lower your policy benefits and pay only \$81.45 Monthly, simply sign and date the form below and return it to us in the postage paid envelope provided. We will mail you the new policy. **You will have a 30-day period to review the new policy and return it to us if you do not wish to change to the new LOWER premium policy.**

If you would like more information, please write to us at the above address, email CustomerService@LICOA.com or call 1-800-226-2371. We appreciate your business and look forward to continuing to serve your insurance needs.

Sincerely yours,

Clarence W Daugette, III
President

R 3/16

INDEMNITY CANCER POLICY SUMMARY OF BENEFITS

THE BENEFITS PROVIDED ARE INDEMNITY BENEFITS: This is a very brief description of some of the important features of the policy. This is not the insurance contract and only the actual policy provisions will control.

All Benefits outlined have limitations, exclusions and other conditions that are not stated in this summary. Please call Customer Service at 800-226-2371 or write to: Life Insurance Company of Alabama, PO Box 349, Gadsden, AL 35902 for more detailed information.

Radiation and Chemotherapy Benefit - \$2,000 per month you receive Radiation Therapy or Intravenous Chemotherapy.

Initial Radiation and Chemotherapy Benefit - \$2,000 the first time you receive Radiation Therapy or Intravenous Chemotherapy.

Immunotherapy, Drugs and Medicine Benefit - \$200 per month you receive Non-Intravenous Chemotherapy, Immunotherapy or Anti-Nausea Medication for the treatment of Cancer.

Initial Immunotherapy, Drugs and Medicine Benefit - \$200 the first time you receive Non-Intravenous Chemotherapy, Immunotherapy or Anti-Nausea Medication for the treatment of Cancer.

Blood, Plasma, or Platelets Benefit - \$1,000 per month.

Daily Hospital Indemnity Benefit - \$300 per day for the first 30 days, \$600 per day thereafter.

Private Nursing Service Indemnity Benefit - \$200 per day

Extended Care Facility Indemnity Benefit - \$150 per day. LIMITED TO 30 DAYS PER YEAR

Home Health Care Indemnity Benefit - \$200 per day. LIFETIME LIMIT OF 50 DAYS

Hospice Care Indemnity Benefit - \$100 per day. LIFETIME LIMIT OF 100 DAYS

Healthy Lifestyle Indemnity Benefit - \$50 per year - NOT AVAILABLE IN GEORGIA

Health and Wellness Benefit - \$100 per year

Diagnostic Testing Benefit - \$500 ONCE PER LIFETIME

Annual Check-up Benefit - \$200 per year. LIFETIME MAXIMUM OF 5 CHECK UPS

Non-Skin Surgery Benefit - \$1,300 to \$6,500, depending upon procedure.

Skin Surgery Benefit - \$250 to \$800, depending upon procedure

Associated Surgical Procedures Benefit - \$300 for specific procedures

Prosthetic Benefit - \$3,000 for surgically implanted devices, \$300 for non-surgically implanted devices. LIMITED TO 2 DEVICES

2nd and 3rd Surgical Opinion Benefit - \$350 for each additional opinion.

Surgical Reconstruction Benefit - \$400 to \$2,500 depending upon procedure. LIMITED TO 2 PROCEDURES PER SITE

Ambulance Benefit - \$300 ground, \$1,500 air.

Transportation Benefit - \$0.50 per mile, up to \$1,500 for roundtrip airfare.

Lodging Benefit - \$100 per night. LIMITED TO 120 DAYS PER YEAR

Stem Cell or Bone Marrow Transplant - \$10,000 ONCE PER LIFETIME

Specified Disease Benefit - \$200 per day for the first 30 days, \$500 per day thereafter. LIFETIME LIMIT OF \$200,000