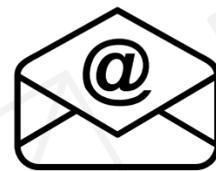


ARM
LEADS

2026 Catalog



1-800-992-2722



hello@ARMleads.com

ARM LEADS

FE39.7G99V

- **Program:**
Final Expense
- **Format:**
Popout
- **Price:**
\$635/Thousand
- **Minimum quantity:**
2,000
- **National Average Response Rate:**
0.96% - 1.03%
- **Dimensions:**
7in x 4.75in
- **States that require general disclaimers (this may include License #, agent name or agent address):**
AR, CA, FL, KS, MN, TX, UT, WI
- **Recommended Demographics**
 - Age: 64-81
 - Income: \$15k - \$50k
 - Dwellings: Single Family Homes, Apartments, Condos, Mobile homes

*NOTE: Expect lower than average response rates during AEP. Response rates are based on previous existing pieces.



1-800-992-2722



hello@ARMleads.com

Front

BENEFIT NOTIFICATION
FOR <<FIRST NAME>> <<LAST NAME>>
000000000000

The Social Security administration provides a financial death benefit to assist citizens with final expenses. There is also a state regulated insurance program to help pay what the government benefit does not cover. If you qualify, this program can pay 100% of all funeral and final expenses for each person covered.

These programs require no physical exam and guarantee acceptance.

Simply complete and return this no-postage-required card to receive your free information.

X _____
SIGNATURE

AGE _____ SPOUSE AGE _____

(_____) _____
AREA PHONE

Samp 9 T1 P1
*****ECLLOT **C-004
Mr John Doe
7101 Chase Oaks Blvd
Plano, TX 75025-5908
[REDACTED]

FE39.7G99V
FE39.7G99V]

[NOT AFFILIATED WITH ANY GOVERNMENT AGENCY

Back

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 17013 WASHINGTON, DC
POSTAGE WILL BE PAID BY ADDRESSEE

NATIONAL PROCESSING CENTER
611 PENNSYLVANIA AVENUE SE # 1400
WASHINGTON DC 20077-0854

[POSTNET barcode]

Envelope - front

TO OPEN - TEAR ALONG PERFORATION
USE THUMB NOTCH TO SNAP OUT CONTENTS

THUMB NOTCH

325 PENNSYLVANIA AVE. S.E.
WASHINGTON, D.C. 20003

PROOF

PROOF

THUMB NOTCH

TO OPEN - TEAR ALONG PERFORATION
USE THUMB NOTCH TO SNAP OUT CONTENTS

Envelope - back

BLANK

ARM LEADS

ML3.22G99V

- **Program:**
LIS (Low-Income Subsidy)
- **Format:**
Popout
- **Price:**
\$635/Thousand
- **Minimum quantity:**
2,000
- **National Average Response Rate:**
2.20% - 2.36%
- **Dimensions:**
7in x 4.75in
- **States that require general disclaimers (this may include License #, agent name or agent address):**
AR, CA, FL, KS, MN, TX, UT, WI
- **Piece Disclaimer:** # of Organizations & # of Products/Plans represented by the agent
- **Recommended Demographics**
 - Age: 64-81
 - Income: \$0 - \$30k
 - Dwellings: Single Family Homes, Apartments, Condos, Mobile homes

*NOTE: Expect lower than average response rates during AEP. Response rates are based on previous existing pieces.



1-800-992-2722



hello@ARMleads.com

Front

Part B Reduction Notice For
<<First Name>> <<Last Name>> 000000000000

You may qualify to have your Medicare Part B premium paid for. If you qualify, this amount would be added back to your monthly Social Security payments.

There are also programs designed to help Medicare recipients reduce costs that may be available to you. There is no cost or obligation to learn how to qualify for these programs.

To learn more about Medicare Advantage Part B Giveback Benefits, simply complete and return this postage paid card.

We do not offer every plan available in your area. Currently we represent <<#>> organizations which offer <<#>> of products in your area. Please contact Medicare.gov, 1-800-Medicare or your local State Health Insurance Program (SHIP) to get information on all your options.

By providing your number, you give consent to be contacted for marketing purposes including the use of [auto dialer], [text], or [robocall]. Consent is given even if number is on a Do Not Call registry. Cellular carrier charges may apply. Providing permission does not impact eligibility to enroll or the provision of services. You can change consent preferences, at any time, by calling <<Agent Name>> at <<Agent Phone Number>> (TTY: 711).

X _____ 000000 000000 <<keycode>>
SIGNATURE *****ECRL0T **C-004
Mr John Doe
PHONE _____ 7101 Chase Oaks Blvd
Plano, TX 75025-5908
EMAIL _____ 

Licensed insurance agent, <<Agent Name>> may contact you by phone or email to review available benefits. The Part B Giveback Benefit pays for all of your Part B premium and the amount may change based on the amount you pay for Part B. Not affiliated with any government agency.

ML3.22G99V

Back



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

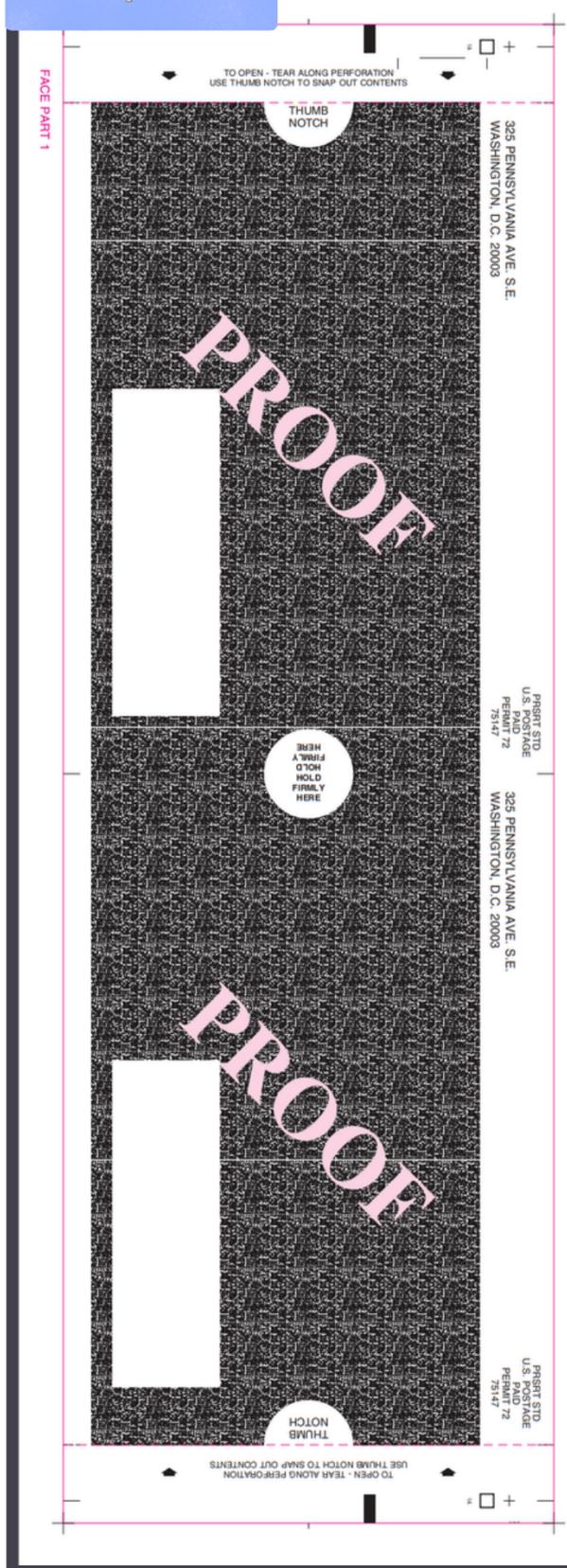
FIRST-CLASS MAIL PERMIT NO. 17013 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

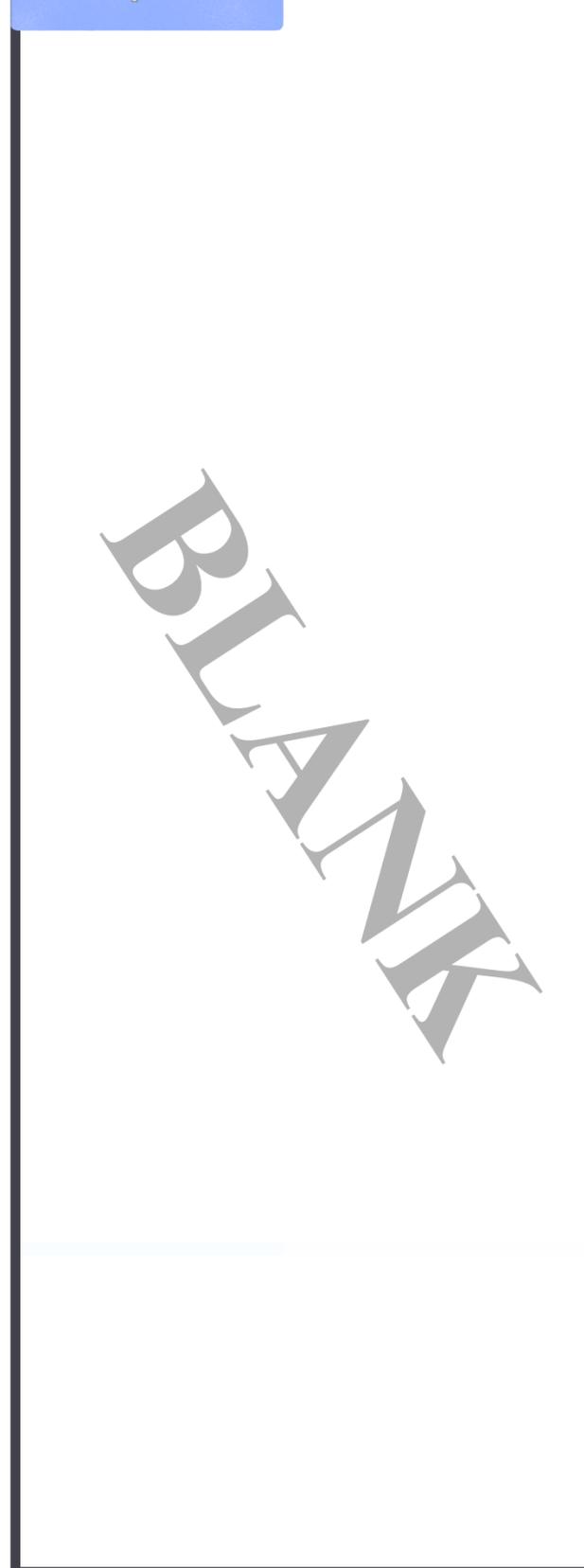
NATIONAL PROCESSING CENTER
611 PENNSYLVANIA AVENUE SE # 1400
WASHINGTON DC 20077-0854



Envelope - front



Envelope - back



ARM LEADS

MO25G38V

- **Program:**
Mortgage Protection
- **Format:**
3x8 Postcard
- **Price:**
\$665/Thousand
- **Minimum quantity:**
Subscription required
- **National Average Response Rate:**
0.72 - 0.84%
- **Dimensions:**
3in x 8in
- **States that require general disclaimers (this may include License #, agent name or agent address):** AR, CA, FL, KS, MN, TX, UT, WI
- **Recommended Demographics**
 - Age: 64-81
 - Income: \$0-\$50k
 - Dwellings: Single Family Homes, Apartments, Condos, Mobile homes

*NOTE: Expect lower than average response rates during AEP. Response rates are based on previous existing pieces.



1-800-992-2722



hello@ARMleads.com

Front

FINAL NOTICE: << FIRST NAME>> << LAST NAME>> **LOAN ORIGINATED: <<DATE>>**
ENROLLMENT PERIOD EXTENDED

The enrollment period has been extended for Mortgage Protection coverage with no physical exam required for approval. For a limited time, you can lock in coverage at **special rates** with **NO PHYSICAL EXAM REQUIRED.**

- Mortgage Life Coverage - Pays off your << Mortgage Amount>> in the event of your death.
- Major Illness - Pays off your entire mortgage balance if you are diagnosed with illness such as stroke, heart attack or cancer.
- Disability - Pays monthly mortgage payments in the event of disability.

For Coverage Details Complete Below:

Name: _____
 Spouse Name: _____
 Age: _____ Spouse Age: _____
 Home Phone: (____) _____
 Cell Phone: (____) _____

*****ECLLOT**C-004
 Originating Lender: <<Lender>>
 Mr John Doe
 7101 Chase Oaks Blvd
 Plano, TX 75025-5908
 [Barcode]

For details on this specialized coverage, complete and return this card in the postage paid envelope. <<BARCODE SO# REC#>>

Back

Final Notice for <<first name, last name>>
Lender: << Lender Name>> Amount: << Mortgage Amount>>

The enrollment period has been extended for Specialized Mortgage Protection coverage designed to pay-off your mortgage in the event of death, disability or critical illness.

As a "Mortgage Borrower", you can lock in special low rates with no medical exam required for approval.

Leave your family a "Mortgage Free Home"

- Mortgage Life Insurance Benefit - Pays off your mortgage in the event of your death.

Living Benefits Available:

- Disability Benefit – Pays your monthly bills if you cannot work due to illness or injury.
- Money Back Option – Return of all premiums if benefits are unused.
- Critical Illness - Pays a benefit if you are diagnosed with a life threatening illness.

For additional information with no cost or obligation, complete and return card in the postage paid envelope provided.

Information about your mortgage is obtained from public records. Not affiliated with and/or endorsed by any insurer or lending institution. <<SO Disclaimer>>

Envelope - front

PRSR1 STD
 U.S. POSTAGE
 PAID
 PERMIT 072
 75047

611 PENNSYLVANIA AVE. S.E. #1400
 WASHINGTON, D.C. 20003

MEDICARE ADDITIONAL BENEFIT INFORMATION

Envelope - back

EV1-18G10F

Return Envelope - front

NO POSTAGE
 NECESSARY
 IF MAILED
 IN THE
 UNITED STATES

BUSINESS REPLY MAIL
 FIRST-CLASS MAIL PERMIT NO. 17013 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

NATIONAL PROCESSING CENTER
 611 PENNSYLVANIA AVENUE SE # 1400
 WASHINGTON DC 20077-0854

[Barcode]

Return Envelope - back

BLANK

ARM LEADS

MO9G11V

- **Program:**
Mortgage Protection
- **Format:**
Letter
- **Price:**
\$735/Thousand
- **Minimum quantity:**
Subscription required
- **National Average Response Rate:**
0.50% - 0.62% per thousand pieces
- **Dimensions:**
5.5in x 8.5in
- **States that require general disclaimers (this may include License #, agent name or agent address):** AR, CA, FL, KS, MN, TX, UT, WI
- **Recommended Demographics**
 - Age: 64+
 - Income: \$30k-\$100k
 - Dwellings: Single Family Homes, Apartments, Condos, Mobile homes

*NOTE: Expect lower than average response rates during AEP. Response rates are based on previous existing pieces.



1-800-992-2722



hello@ARMleads.com

**Important Notice for: «first_name» «last_name»
Complete and Return**

Record Date: <<record_date>>
Loan Amount: <<mort_amount>>

Lender: <<mort_co>>
<<carrt>>
<<first_name>> <<last_name>>
<<address>>
<<city>>, <<state>> <<zip>>

Dear «first_name»,

You are invited to participate in our low cost Mortgage Protection Insurance which can protect your <<mort_amount>> loan in case of an unexpected tragedy.

Without a plan, your family would still have to make your monthly payments.

<<first_name>>, your benefits can include:

- **DEATH** - Pays off your «mort_amount» loan in the event of your death.
- **DISABILITY** - Provides cash to make your mortgage payment if you cannot work.
- **LEVEL PREMIUM** - Costs do not increase.
- **MONEY-BACK OPTION** - Returns all of your premium payments if benefits are not used.
- **UNEMPLOYMENT** - Covers your premiums if you involuntarily lose your job.

For complete details with no cost or obligation, please complete and **return this entire form** in the enclosed postage-paid envelope.

«first_name» «last_name» «address» «city», «state» «zip»	Loan Amount: «mort_amount» Lender: «mort_co»	County: <<county>> 123456123456
--	---	------------------------------------

Borrower	Co-Borrower / Spouse
Name: _____	Name: _____
Date of Birth: ____/____/____	Date of Birth: ____/____/____
Sex: Male _____ Female _____	Sex: Male _____ Female _____
Tobacco User?: Yes _____ No _____	Tobacco User?: Yes _____ No _____

Home Phone # _____ Cell Phone # _____

Work Phone # _____

Person completing this form: _____ Date: ____/____/____

Answering these questions does not affect eligibility for coverage. <<SO>> <<Record>>

RETURN PROMPTLY - Simply complete and return this today. Not affiliated with any lender. Products and riders vary from state to state.

<<first_name>> <<last_name>> <<address>> <<city>> <<state>> <<zip>> <<mort_co>> <<date>> <<mort_amount>>

<<Disclaimer>>

7

ARM LEADS

Front



'Cool Doesn't Retire'

- **Program:**
Turning 65
- **Format:**
5x8 Postcard
- **Color Options:**
Yellow or Red
- **Price:**
\$700/Thousand
+ \$25/Thousand T65 Saturation fee
- **Minimum quantity:**
2,000
- **Dimensions:**
5.50 x 8.50 in
- **States that require general disclaimers (this may include License #, agent name or agent address):** AR, CA, FL, KS, MN, TX, UT, WI
- **Piece disclaimer:** Agent's name, phone # and NPN #
- **Recommended Demographics**
 - Date of Birth: 5-7 months out
 - Income: all
 - Dwellings: Single Family Homes, Apartments, Condos, Mobile homes



1-800-992-2722



hello@ARMleads.com

Back



ARM LEADS

'Life's Getting Good'

- **Program:**
Turning 65
- **Format:**
5x8 Postcard
- **Price:**
\$690/Thousand
+ \$25/Thousand T65 Saturation fee
- **Minimum quantity:**
2,000
- **Dimensions:**
5.50 x 8.50 in
- **States that require general disclaimers (this may include License #, agent name or agent address):** AR, CA, FL, KS, MN, TX, UT, WI
- **Piece disclaimer:** Agent's name, phone # and NPN #
- **Recommended Demographics**
 - Date of Birth: 5-7 months out
 - Income: all
 - Dwellings: Single Family Homes, Apartments, Condos, Mobile homes



1-800-992-2722



hello@ARMleads.com

Front



Back



ARM LEADS

'Mirror Mirror'

- **Program:**
Turning 65
- **Format:**
5x8 Postcard
- **Price:**
\$680/Thousand
+ \$25/Thousand T65 Saturation fee
- **Minimum quantity:**
2,000
- **Dimensions:**
5.50 x 8.50 in
- **States that require general disclaimers (this may include License #, agent name or agent address):** AR, CA, FL, KS, MN, TX, UT, WI
- **Piece disclaimer:** Agent's name, phone # and NPN #
- **Recommended Demographics**
 - Date of Birth: 5-7 months out
 - Income: all
 - Dwellings: Single Family Homes, Apartments, Condos, Mobile homes



1-800-992-2722



hello@ARMleads.com

SAMPLE ONLY

Mirror, mirror
on the wall...
~~who~~
which Medicare plan
is fairest of
all?

You might not have a magic mirror...
but you do have a local Medicare
expert to answer all your questions.

Call me 555-555-5555

Kenneth Jackson

ARM LEADS

MT11G99V

- **Program:**
Turning 65
- **Format:**
Popout
- **Price:**
\$635/Thousand
+ \$25/Thousand T65 Saturation fee
- **Minimum quantity:**
2,000
- **National Average Response Rate:**
1.18% - 2.18%
- **Dimensions:**
7in x 4.75in
- **States that require general disclaimers (this may include License #, agent name or agent address):** AR, CA, FL, KS, MN, TX, UT, WI
- **Recommended Demographics**
 - Date of Birth: 5-7 months out
 - Income: all
 - Dwellings: Single Family Homes, Apartments, Condos, Mobile homes

*NOTE: Expect lower than average response rates during AEP. Response rates are based on previous existing pieces.



1-800-992-2722



hello@ARMleads.com

Front

MEDICARE INITIAL ELECTION PERIOD INQUIRY
FOR <<FIRST NAME>> <<LAST NAME>>
000000000000

Dear <<First Name>>

When you turn age 65, you will be in your Medicare "INITIAL ELECTION" period, which means you can choose any Medicare carrier without medical questions. This guaranteed acceptance period only happens once.

Make an informative choice during your election period and possibly save hundreds of dollars each year! For more information on the choices and benefits available, return this postage-paid inquiry card today!

You only have ONE initial election period, do not delay.

X _____
SIGNATURE

AGE _____ SPOUSE AGE _____
() _____
PHONE _____
(REQUIRED FOR VERIFICATION)
<<SO Disclaimer>>

Samp 9 T1 P1
*****ECRLOT **C-004
Mr John Doe
7101 Chase Oaks Blvd
Plano, TX 75025-5908
[POSTNET BARCODE]

MT11G99V
[NOT AFFILIATED WITH ANY GOVERNMENT AGENCY] MT11G99V]

Back

NO POSTAGE
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IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 17013 WASHINGTON, DC
POSTAGE WILL BE PAID BY ADDRESSEE

NATIONAL PROCESSING CENTER
611 PENNSYLVANIA AVENUE SE # 1400
WASHINGTON DC 20077-0854

[POSTNET BARCODE]

Envelope - front

TO OPEN - TEAR ALONG PERFORATION
USE THUMB NOTCH TO SNAP OUT CONTENTS

THUMB NOTCH

325 PENNSYLVANIA AVE, S.E.
WASHINGTON, D.C. 20003

PERMIT STD
U.S. PAID
PERMIT 72
75147

325 PENNSYLVANIA AVE, S.E.
WASHINGTON, D.C. 20003

PERMIT STD
U.S. PAID
PERMIT 72
75147

THUMB NOTCH

TO OPEN - TEAR ALONG PERFORATION
USE THUMB NOTCH TO SNAP OUT CONTENTS

Envelope - back

BLANK

ARM LEADS

MT13.19G45V

- **Program:**
Turning 65
- **Format:**
Bi-fold
- **Price:**
\$620/Thousand
+ \$25/Thousand T65 Saturation fee
- **Minimum quantity:**
1000
- **National Average Response Rate:**
1.55% - 2.55%
- **Dimensions:**
5.5in x 8.5in
- **States that require general disclaimers (this may include License #, agent name or agent address):** AR, CA, FL, KS, MN, TX, UT, WI
- **Piece disclaimer:** Agent's name, phone # and NPN #
- **Recommended Demographics**
 - Date of Birth: 5-7 months out
 - Income: all
 - Dwellings: Single Family Homes, Apartments, Condos, Mobile homes

*NOTE: Expect lower than average response rates during AEP. Response rates are based on previous existing pieces.



1-800-992-2722



hello@ARMleads.com

Front

PRESORTED
FIRST CLASS
US POSTAGE
PAID
MABANK, TX
PERMIT 072

<<YEAR>>
Medicare Supplement Comparison Schedule for Eligible Medicare Beneficiaries
 PERSONAL BUSINESS MAIL

POSTMASTER:
 If undeliverable as addressed please refer to section 507.1.4 of the official DMM.

SAMPLE ONLY

<<Full Name>>
 <<Address>>
 <<City>> <<ST>> <<Zip+4>>
 <<County>>

← ↑ Detach Here and Mail or for Privacy, ↑ →
 Fold Card And Tape With Return Address Facing Out

IMPORTANT - COMPLETE & RETURN THIS POSTAGE-FREE REQUEST CARD

For faster service, please contact <<agent name>> at <<agent phone #>>, NPN# <<NPN #>>.			
LAST <<Last Name>>		FIRST <<First Name>>	
STREET ADDRESS <<Street>>	CITY <<City>>	STATE <<ST>>	ZIPCODE <<Zipcode>>
AREA CODE - PHONE # *NEEDED FOR DELIVERY		EMAIL	
What is your age?			
Would you like a personalized Medicare Supplement comparison schedule?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

<<so>> <<record>> <<keycode>> <<reverse>> MT13.19G45V

Back

MEDICARE SUPPLEMENT COMPARISON SCHEDULE FOR ELIGIBLE MEDICARE BENEFICIARIES

NOTICE: Return the attached postage paid card for your Medicare Supplement Comparison Schedule based on your age and area of residence.

Your answers on the attached card will allow a comparison schedule to be produced just for you.

Please complete and return to receive a price and benefit comparison of medicare supplement plans for your specific age, gender and zip code area.

Providing your information is optional. By providing your contact information above, you are granting permission for a licensed sales agent to contact you by phone, mail, or email to answer your questions or provide additional information about Medicare Advantage Plans, Medicare Prescription Drug Plans and Medicare Supplement Insurance even if my number is listed on any state or federal agency sites. Not affiliated with or endorsed by the Government or Federal Medicare Program. Your information will be provided to a licensed agent for future contact. This is a solicitation for insurance.



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IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 17013 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

NATIONAL PROCESSING CENTER
 611 PENNSYLVANIA AVENUE SE # 1400
 WASHINGTON DC 20077-0854



List Orders

Programs:

All programs

Format:

Excel Workbook

Minimum quantity:

100 records

Pricing:

Standard and specialty prices available

Standard Lists include:

First Name, Last Name, Address, City,
State, Zip, County, Date of Birth, Age



1-800-992-2722



hello@ARMleads.com

List Pricing

- Standard List: \$50/thousand
- Standard List (less than 1,000 records): \$75
- Standard List w/ mail order: \$25/thousand
- List w/ Phone Numbers:
- List w/ Email Addresses: \$80 (required minimum order of 6k records)

Additional Specialty Filter Pricing

- Verified Homeowner: \$5
- Veterans: \$15
- Net Worth: \$25
- Occupation: \$10
- Investments (Financial Grouping): \$45
- Ethnicity: \$25 *
- Language: \$33 *

*Due to Data Privacy laws and restrictions, Ethnicity and Language filters cannot be applied for the following states: CO, CT, DE, FL, MT, NE, NH, NJ, OR, TX, VA