

<i>SERFF Tracking Number:</i>	<i>EVST-125945388</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Everest Reinsurance Company</i>	<i>State Tracking Number:</i>	<i>41129</i>
<i>Company Tracking Number:</i>	<i>AR-AH-20026205</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>Excess Stop Loss</i>		
<i>Project Name/Number:</i>	<i>Signature Pages/CW-AH-20021974</i>		

## Filing at a Glance

Company: Everest Reinsurance Company

Product Name: Excess Stop Loss

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Filing Type: Form

SERFF Tr Num: EVST-125945388 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 41129

Co Tr Num: AR-AH-20026205

State Status: Approved-Closed

Co Status:

Reviewer(s): Rosalind Minor

Author: Vanessa King

Disposition Date: 12/17/2008

Date Submitted: 12/16/2008

Disposition Status: Approved-Closed

Implementation Date Requested: 02/01/2009

Implementation Date:

State Filing Description:

## General Information

Project Name: Signature Pages

Project Number: CW-AH-20021974

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/17/2008

State Status Changed: 12/17/2008

Corresponding Filing Tracking Number:

Filing Description:

Everest Reinsurnace company is filing the enclosed signature page EAH 00 506 12 08 for use with our Excess Loss (Accident and Health) policies.

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small

Group Market Type: Other

Deemer Date:

We have shown 'current position holder' in the signature fields in lieu of formal signatures or reference to the officers' names because the signatures are variables that may change periodically as the officer(s) change. Our filing on this basis would allow us to revise the forms with new officer(s)' signatures when there is a change in officer(s) and begin using them quickly to better serve our policyholders. We request your approval of these forms for our Excess Loss

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 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
 Product Name: Excess Stop Loss  
 Project Name/Number: Signature Pages/CW-AH-20021974

(Accident and Health) policies.

Thank you in anticipation of your prompt approval.

## Company and Contact

### Filing Contact Information

Vanessa King, Manager, Filing and Regulation vanessa.king@everestre.com  
 P.O. Box 830 (908) 604-3267 [Phone]  
 Liberty Corner, NJ 07938-0830 (908) 604-3546[FAX]

### Filing Company Information

Everest Reinsurance Company CoCode: 26921 State of Domicile: Delaware  
 477 Martinsville Road Group Code: 1120 Company Type:  
 P.O. Box 830  
 Liberty Corner, NJ 07938-0830 Group Name: State ID Number:  
 (908) 604-3000 ext. [Phone] FEIN Number: 22-2005057  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Everest Reinsurance Company	\$20.00	12/16/2008	24563080

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Product Name: Excess Stop Loss  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/17/2008	12/17/2008

*SERFF Tracking Number:* EVST-125945388      *State:* Arkansas  
*Filing Company:* Everest Reinsurance Company      *State Tracking Number:* 41129  
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*TOI:* H21 Health - Other      *Sub-TOI:* H21.000 Health - Other  
*Product Name:* Excess Stop Loss  
*Project Name/Number:* Signature Pages/CW-AH-20021974

## **Disposition**

Disposition Date: 12/17/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: EVST-125945388 State: Arkansas  
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 Project Name/Number: Signature Pages/CW-AH-20021974

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	Yes
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Form</b>	EAH 00 506 12 08	Approved-Closed	Yes

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## Form Schedule

**Lead Form Number:** EAH 00 506 12 08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	Company Signature Page	Certificate Amendment, Insert Page, Endorsement or Rider	EAH 00 506 12 08	Initial			EAH 00 506 12 08.pdf

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This policy is signed by officers of the Company shown on the Excess Loss Schedule of this policy.

For: Everest Reinsurance Company

[Current Position Holder]

\_\_\_\_\_  
President

[Current Position Holder]

\_\_\_\_\_  
Secretary

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## **Rate Information**

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## Supporting Document Schedules

<b>Bypassed -Name:</b>	Certification/Notice	<b>Review Status:</b>	Approved-Closed	12/17/2008
<b>Bypass Reason:</b>	NA			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	Application	<b>Review Status:</b>	Approved-Closed	12/17/2008
<b>Bypass Reason:</b>	NA			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	Health - Actuarial Justification	<b>Review Status:</b>	Approved-Closed	12/17/2008
<b>Bypass Reason:</b>	NA			
<b>Comments:</b>				
<b>Satisfied -Name:</b>	Outline of Coverage	<b>Review Status:</b>	Approved-Closed	12/17/2008
<b>Comments:</b>				
<b>Attachment:</b>				
Explanatory Memo.pdf				

**EXPLANATORY MEMO  
EVEREST'S SIGNATURE PAGES  
FOR EXCESS LOSS (ACCIDENT & HEALTH)**

Everest National Insurance and Everest Reinsurance companies are filing the enclosed signature pages (EAH 00 505 12 08 and EAH 00 506 12 08 correspondingly) for use with our Excess Loss (Accident and Health) policies.

We have shown 'current position holder' in the signature fields in lieu of formal signatures or reference to the officers' names because the signatures are variables that may change periodically as the officer(s) change. Our filing on this basis would allow us to revise the forms with new officer(s)' signatures when there is a change in officer(s) and begin using them quickly to better serve our policyholders. We request your approval of these forms for our Excess Loss (Accident and Health) policies.

Thank you in anticipation of your prompt approval.