

SERFF Tracking Number: UNAM-125746844 State: Arkansas  
Filing Company: Constitution Life Insurance Company State Tracking Number: 39740  
Company Tracking Number: CL CA01-2  
TOI: H07I Individual Health - Specified Disease - Limited Benefit Sub-TOI: H07I.002A Dread Disease - Cancer Only  
Product Name: Cancer Lead Cards  
Project Name/Number: /

## Filing at a Glance

Company: Constitution Life Insurance Company

Product Name: Cancer Lead Cards SERFF Tr Num: UNAM-125746844 State: ArkansasLH

TOI: H07I Individual Health - Specified Disease SERFF Status: Closed State Tr Num: 39740

- Limited Benefit

Sub-TOI: H07I.002A Dread Disease - Cancer Co Tr Num: CL CA01-2 State Status: Filed-Closed

Only

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Author: Holly Parenti

Disposition Date: 07/24/2008

Date Submitted: 07/24/2008

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 07/24/2008

Deemer Date:

State Status Changed: 07/24/2008

Corresponding Filing Tracking Number:

Filing Description:

Re: Pennsylvania Life Insurance Company

NAIC# 67660 FEIN#23-1305366

Advertising Submission - Life Insurance

Form(s)

CL CA01-2 Cancer Insurance Lead Piece

SERFF Tracking Number: UNAM-125746844 State: Arkansas  
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Product Name: Cancer Lead Cards  
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CL CA02-2 Cancer Insurance Lead Piece  
CL CA03-2 Cancer Insurance Lead Piece  
CL CA04-2 Cancer Insurance Lead Piece  
CL CA05-2 Cancer Insurance Lead Piece

Dear Sir or Madam:

We submit the above form for your review and approval. This advertising material will be used for our Life Insurance forms, CL C1 (08), approved by your state on May 16, 2008.

We certify that these forms comply with the provision sof 19ss10B and all applicable requirements of the Department.

We consider this advertisement an invitation to inquire and will use it to obtain leads for our Life Insurance approved by your Department.

If additional information is needed, please contact me at 800-275-6667 ext. 8531 or hparenti@uafc.com

## Company and Contact

### Filing Contact Information

Holly Parenti, hparenti@uafc.com  
P.O. Box 958465 (407) 628-1776 [Phone]  
Lake Mary, FL 32795-8465

### Filing Company Information

Constitution Life Insurance Company CoCode: 62359 State of Domicile: Texas  
1001 Heathrow Park Lane Group Code: 953 Company Type:  
Suite 5001  
Lake Mary, FL 32746 Group Name: State ID Number:  
(407) 995-8000 ext. [Phone] FEIN Number: 36-1824600  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$125.00  
Retaliatory? Yes  
Fee Explanation: \$25.00 per Ad, x5 ads  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Constitution Life Insurance Company	\$125.00	07/24/2008	21579987

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Rosalind Minor	07/24/2008	07/24/2008

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Project Name/Number: /

## Disposition

Disposition Date: 07/24/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UNAM-125746844 State: Arkansas  
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 Product Name: Cancer Lead Cards  
 Project Name/Number: /

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice	Filed-Closed	Yes
<b>Supporting Document</b>	Application	Filed-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Filed-Closed	Yes
<b>Supporting Document</b>	Outline of Coverage	Filed-Closed	Yes
<b>Form</b>	Cancer Lead Card	Filed-Closed	Yes
<b>Form</b>	Cancer Lead Card	Filed-Closed	Yes
<b>Form</b>	Cancer Lead Card	Filed-Closed	Yes
<b>Form</b>	Cancer Lead Card	Filed-Closed	Yes
<b>Form</b>	Cancer Lead Card	Filed-Closed	Yes

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## Form Schedule

Lead Form Number: CL CA01-2

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed	CL CA01-2	Advertising	Cancer Lead Card	Initial			CL CA01-2.pdf
Filed-Closed	CL CA02-2	Advertising	Cancer Lead Card	Initial			CL CA02-2.pdf
Filed-Closed	CL CA03-2	Advertising	Cancer Lead Card	Initial			CL CA03-2.pdf
Filed-Closed	CL CA04-2	Advertising	Cancer Lead Card	Initial			CL CA04-2.pdf
Filed-Closed	CL CA05-2	Advertising	Cancer Lead Card	Initial			CL CA05-2.pdf

# YOU CAN BEAT CANCER – BUT THE FIGHT CAN BE EXPENSIVE

Even the best health insurance plan doesn't cover all your bills while you're fighting for your health. With a First Diagnosis Cancer Policy, **the lump sum benefit is paid directly to you, up to \$50,000, giving you control** of your money, so you can use your benefit where it is needed most. Just return this postage-paid card for more FREE information.

**YES!** I want to receive more FREE information.

\*\*\*\*\* AUTOOCR\*\*C 001

JOHN B. DOE  
1234 ANYWHERE STREET  
CITY, ST 12345-6789



Name: \_\_\_\_\_

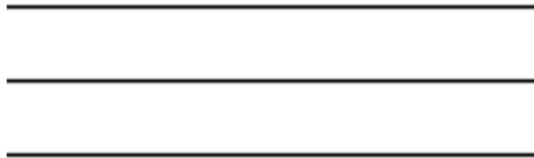
Date of Birth: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Spouse: \_\_\_\_\_

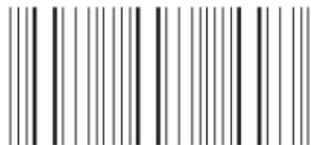
Date of Birth: \_\_\_\_\_

CL CA01-2 **Constitution Life Insurance Company.** CANCER ONLY Insurance Policy Series CL-C1(08). This request for information is insurance related and if you respond, an agent may contact or visit you. Return this card for policy limitations, exclusions and rates.

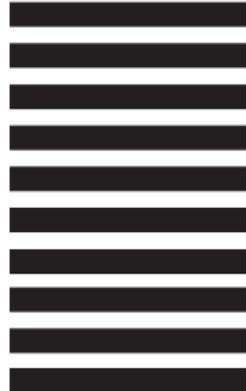


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NECESSARY  
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IN THE  
UNITED STATES

**[RUSH!]**



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. [665] [MERIDIAN MS]



POSTAGE WILL BE PAID BY ADDRESSEE:

CONSTITUTION LIFE INSURANCE COMPANY  
[PO BOX 1638]  
[MERIDIAN, MS 39302-9905]



# THE TRUTH IS...THE RISK OF CANCER INCREASES WITH AGE

## Get up to \$50,000 to help you beat Cancer.

[About [77%] of all cancers are diagnosed in persons 55 and older.]\* If you get cancer, don't let your current health insurance keep you from receiving the treatments or medicines that might not be covered. With a First Diagnosis Cancer Policy, **the lump sum benefit is paid directly to you, up to \$50,000, giving you control** of your money, so you can use your benefit where it is needed most. Just return this postage-paid card for more FREE information.

**YES!** I want to receive more FREE information.

\*\*\*\*\* AUTOOCR\*\*C 001

JOHN B. DOE

1234 ANYWHERE STREET

CITY, ST 12345-6789



Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

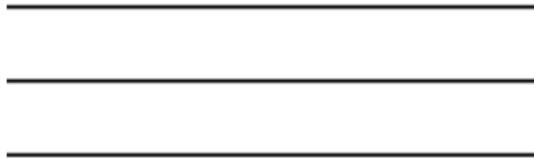
Phone: (\_\_\_\_\_) \_\_\_\_\_

Spouse: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

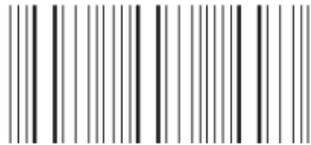
CL CA02-2

**Constitution Life Insurance Company.** CANCER ONLY Insurance Policy Series CL-C1(08). This request for information is insurance related and if you respond, an agent may contact or visit you. Return this card for policy limitations, exclusions and rates.\*[*Cancer Facts and Figures 2008*, American Cancer Society.]

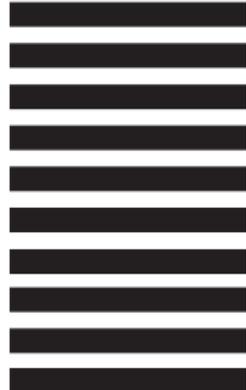


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[MERIDIAN, MS 39302-9905]



# CANCER CAN STRIKE ANYONE...AT ANY AGE

[Over one million people get cancer each year. Approximately one out of every two American men and one out of every three American women will have some type of cancer at some point during their lifetime.]\*  
Be prepared...with a First Diagnosis Cancer Policy. **The lump sum benefit is paid directly to you, up to \$50,000, giving you control** of your money, so you can use your benefit where it is needed most. Just return this postage-paid card for more FREE information.

**YES!** I want to receive more FREE information.

\*\*\*\*\* AUTOOCR\*\*C 001

JOHN B. DOE  
1234 ANYWHERE STREET  
CITY, ST 12345-6789



Name: \_\_\_\_\_

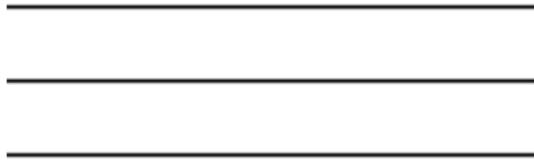
Date of Birth: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Spouse: \_\_\_\_\_

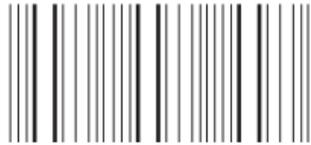
Date of Birth: \_\_\_\_\_

CL CA03-2 **Constitution Life Insurance Company.** CANCER ONLY Insurance Policy Series CL-C1(08). This request for information is insurance related and if you respond, an agent may contact or visit you. Return this card for policy limitations, exclusions and rates.\*[Detailed Guide: Cancer (General Information), American Cancer Society, 3/11/08.]

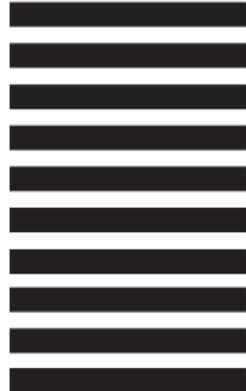


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## Get Cash Paid Directly to You

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**YES!** I want to receive more FREE information.

\*\*\*\*\* AUTOOCR\*\*C 001

JOHN B. DOE

1234 ANYWHERE STREET

CITY, ST 12345-6789



Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

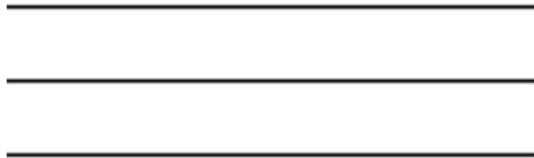
Phone: (\_\_\_\_) \_\_\_\_\_

Spouse: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

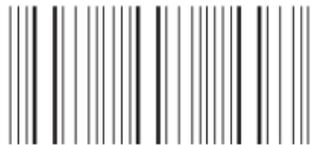
CL CA04-2

**Constitution Life Insurance Company.** CANCER ONLY Insurance Policy Series CL-C1(08). This request for information is insurance related and if you respond, an agent may contact or visit you. Return this card for policy limitations, exclusions and rates.

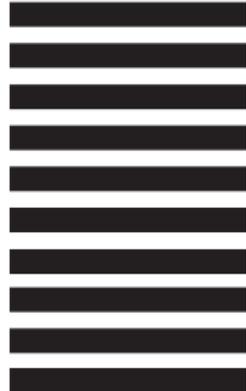


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[PO BOX 1638]  
[MERIDIAN, MS 39302-9905]



# WILL YOU BEAT THE ODDS OF GETTING CANCER?

[Over one million people get cancer each year. Approximately one out of every two American men and one out of every three American women will have some type of cancer at some point during their lifetime.]\*  
Be prepared...with a First Diagnosis Cancer Policy. **The lump sum benefit is paid directly to you, up to \$50,000, giving you control** of your money, so you can use your benefit where it is needed most. Just return this postage-paid card for more FREE information.

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CITY, ST 12345-6789



Name: \_\_\_\_\_

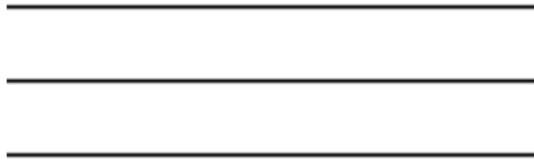
Date of Birth: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Spouse: \_\_\_\_\_

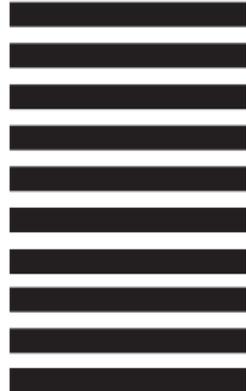
Date of Birth: \_\_\_\_\_

CL CA05-2 **Constitution Life Insurance Company.** CANCER ONLY Insurance Policy Series CL-C1(08). This request for information is insurance related and if you respond, an agent may contact or visit you. Return this card for policy limitations, exclusions and rates. \**[Detailed Guide: Cancer (General Information), American Cancer Society, 3/11/08.]*



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TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only  
Product Name: Cancer Lead Cards  
Project Name/Number: /

## Rate Information

Rate data does NOT apply to filing.

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## Supporting Document Schedules

<b>Bypassed -Name:</b>	Certification/Notice	<b>Review Status:</b>	
<b>Bypass Reason:</b>	N/A	Filed-Closed	07/24/2008
<b>Comments:</b>			
<b>Bypassed -Name:</b>	Application	<b>Review Status:</b>	
<b>Bypass Reason:</b>	N/A	Filed-Closed	07/24/2008
<b>Comments:</b>			
<b>Bypassed -Name:</b>	Health - Actuarial Justification	<b>Review Status:</b>	
<b>Bypass Reason:</b>	N/A	Filed-Closed	07/24/2008
<b>Comments:</b>			
<b>Bypassed -Name:</b>	Outline of Coverage	<b>Review Status:</b>	
<b>Bypass Reason:</b>	N/A	Filed-Closed	07/24/2008
<b>Comments:</b>			