

<i>SERFF Tracking Number:</i>	<i>MCHX-125912702</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Kanawha Insurance Company</i>	<i>State Tracking Number:</i>	<i>40907</i>
<i>Company Tracking Number:</i>	<i>20885</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>20885 Kanawha Facility Care Accelerated Benefit Ri</i>		
<i>Project Name/Number:</i>	<i>20885 Kanawha Facility Care Accelerated Benefit Rider/20885 Kanawha Facility Care Accelerated Benefit Rider</i>		

## Filing at a Glance

Company: Kanawha Insurance Company

Product Name: 20885 Kanawha Facility Care Accelerated Benefit Ri SERFF Tr Num: MCHX-125912702 State: ArkansasLH

Accelerated Benefit Ri

TOI: L071 Individual Life - Whole

SERFF Status: Closed

State Tr Num: 40907

Sub-TOI: L071.101 Fixed/Indeterminate

Co Tr Num: 20885

State Status: Approved-Closed

Premium - Single Life

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: SPI McHughConsulting

Disposition Date: 01/05/2009

Date Submitted: 11/20/2008

Disposition Status: Approved

Implementation Date Requested: 12/22/2008

Implementation Date:

State Filing Description:

## General Information

Project Name: 20885 Kanawha Facility Care Accelerated Benefit Rider Status of Filing in Domicile: Authorized

Project Number: 20885 Kanawha Facility Care Accelerated Benefit Rider Date Approved in Domicile: 11/19/2008

Rider

Requested Filing Mode: Review & Approval

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: 01/05/2009

State Status Changed: 01/05/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Re: KANAWHA INSURANCE COMPANY

NAIC # 65110, FEIN # 57-0380426

20885 - Facility Care Accelerated Benefit Rider

SERFF Tracking Number: MCHX-125912702 State: Arkansas  
Filing Company: Kanawha Insurance Company State Tracking Number: 40907  
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## Actuarial Memorandum

Dear Commissioner Bowman:

McHugh Consulting Resources, Inc. has been requested to file the attached form on behalf of Kanawha Insurance Company. We respectfully attach an authorization letter for your files.

This form is new and is not intended to replace any other form previously approved by your Department. It will be used with Whole Life Policy 00455-AR previously approved by your Department on September 22, 2006 and is being filed for use with any future approved Individual Whole Life Insurance Policies that Kanawha may offer.

This form is in final printed form subject only to changes in font style, margins, page numbers, ink, and paper stock. For example, formatting may change slightly when the document is assembled through an automated document assembly system. Printing standards will never be less than those required by law.

Currently, this Rider will be marketed through producers and brokers on a worksite basis. However, once approved, the Company reserves the right to use this form in their approved format in a variety of media, including the Internet, with the understanding that there may be slight accommodations made for electronic viewing.

The ranges of variability for the bracketed numbers in the Rider Schedule are as follows:

Inpatient/Resident Monthly Benefit Amount: the lesser of [1-4]% of Face Amount or [\$2,000.00-\$8,000.00]

Adult Day Care Monthly Benefit Amount: the lesser of [1/2-2]% of Face Amount or [\$1,000.00-\$4,000.00]

The Lifetime Maximum Facility Care Benefit Amount is equal to the least of:

- [25-75]% of the Face Amount;
- [\$50,000.00-\$150,000.00]; or
- the Face Amount less Your Policy's Cash Value.

In no event will the numbers be changed to impact compliance with your law.

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The Facility Care Accelerated Benefit Rider allows the insured to accelerate a portion of the life benefit when confined to a facility or attending an adult day care center under specific circumstances. There is no premium charged for this benefit.

Attached are any required certifications, transmittal forms and/or filing fees.

While every effort is made to submit filings without mistakes, we reserve the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noted after filing and approval. We will provide you a highlighted copy of any corrections we make for your records.

We trust the attached is found to be in order and look forward to receiving your favorable reply. Should you have any questions or if we may provide any additional information, please do not hesitate to contact the undersigned. Thank you for your consideration in this matter.

Very truly yours,

Linda Boyce  
Consultant

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - McHughConsulting)

Tim Hager, Compliance Assistant mcr@mchughconsulting.com  
McHugh Consulting Resources (215) 230-7960 [Phone]  
Doylestown, PA 18901 (215) 230-7961[FAX]

### Filing Company Information

Kanawha Insurance Company CoCode: 65110 State of Domicile: South Carolina  
210 South White Street Group Code: Company Type:  
Lancaster, SC 29720 Group Name: State ID Number:  
(803) 283-5311 ext. [Phone] FEIN Number: 570380426

*SERFF Tracking Number:* MCHX-125912702                      *State:* Arkansas  
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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 #
Kanawha Insurance Company	\$20.00	11/20/2008	24061372

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	01/05/2009	01/05/2009

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	11/24/2008	11/24/2008	SPI McHughConsulting	01/05/2009	01/05/2009

*SERFF Tracking Number:* MCHX-125912702      *State:* Arkansas  
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## **Disposition**

Disposition Date: 01/05/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:* MCHX-125912702      *State:* Arkansas  
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	Authorization Letter		Yes
<b>Supporting Document</b>	Form Listing		Yes
<b>Supporting Document</b>	AR Readability Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	01.05.09 Resubmission Letter		Yes
<b>Supporting Document</b>	FCR Disclosure Statement 1669		Yes
<b>Form</b>	Facility Care Accelerated Benefit Rider		Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 11/24/2008  
Submitted Date 11/24/2008

Respond By Date

Dear Tim Hager,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Facility Care Accelerated Benefit Rider (Form)

Comment: The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement as outlined in Rule and Regulation 60s8.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 01/05/2009  
Submitted Date 01/05/2009

Dear Linda Bird,

### Comments:

Thank you for your objection letter dated November 24, 2008. This is in response to that letter.

### Response 1

Comments: Please find attached our response to your objection letter dated November 24, 2008.

### Related Objection 1

Applies To:

- Facility Care Accelerated Benefit Rider (Form)

Comment:



SERFF Tracking Number: MCHX-125912702 State: Arkansas  
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## Form Schedule

Lead Form Number: 20885

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	20885	Certificate	Facility Care Amendmen Accelerated Benefit t, Insert Rider Page, Endorseme nt or Rider	Initial		55	20885.PDF



Care Payments are paid as follows:

- You will be eligible to receive the Inpatient/Resident Monthly Benefit Amount listed in the Rider Schedule for each Full Month the Insured is confined as an inpatient in a Nursing Home or for each Full Month the Insured resides in an Assisted Living Care Facility. No Care Payments will be made for a facility stay of less than a Full Month.
- For each Full Month during which the Insured receives adult day care for at least twenty (20) Full Days at an Adult Day Care Center, You will be eligible to receive the Adult Day Care Monthly Benefit Amount listed in the Rider Schedule.
- Once Care Payments have been made that total an amount equal to the Lifetime Maximum Facility Care Benefit Amount, this Rider will provide no other benefits or payments.

Interest will be charged on Care Payments made. By electing to receive Care Payments, You agree to pay interest, as provided below.

Interest on Care Payments paid will be charged at a rate no greater than the maximum of:

- the current yield on a 90-day treasury bill on the date of the initial Care Payment; or
- the current maximum adjustable policy loan interest rate allowed by law in Your state on the date of the initial Care Payment.

After one or more Care Payments are made, the Death Benefit payable under Your Policy at the death of the Insured will equal:

- the Death Benefit calculated as provided in Your Policy; less
- the interest charged on Care Payments.

## **LIMITATIONS**

Care Payments are only payable while Your Policy is in force during the lifetime of the Insured. Total payments under this Rider shall not exceed the Lifetime Maximum Facility Care Benefit Amount listed in the Rider Schedule.

Payments made by Us under this Rider are in addition to any other accelerated benefit provided by Your Policy or other rider. Total accelerated benefit payments made under this Rider, Your Policy and any other attached rider along with Policy Loans and interest charged on Care Payments shall not exceed the total life insurance on the life of the Insured.

## **EXCLUSIONS**

No Care Payments are payable if the Appropriate Facility Care is due wholly or in part to:

- attempted suicide, whether sane or insane;
- any intentionally self-inflicted injury;
- substance abuse; or
- the Insured's commission of a crime.

## DEFINITIONS

**Adult Day Care Center** is a nonresidential facility providing necessary personal assistance for three or more persons which:

- is licensed or certified by the state in which the facility is located as an Adult Day Care Center, if licensing or certification is required in that state;
- offers and provides in a group setting a program of individual and group activities and therapies;
- provides or is able to arrange for nursing care;
- provides planned recreational, social and educational activities;
- maintains written records of attendance and services provided to each person;
- has a full-time administrator; and
- provides dietary services.

**Appropriate Facility Care** means:

- adult day care services at an Adult Day Care Center;
- inpatient confinement in a Nursing Home; or
- residency in an Assisted Living Care Facility.

**Appropriate Facility Care** is care that a Physician, exercising prudent clinical judgment, would provide or recommend to a patient for the purpose of preventing injury, or for caring for or treating a patient considering that patient's illness, injury, disease or condition, and that are:

- in accordance with generally accepted standards of medical practice;
- clinically appropriate, in terms of type, frequency, extent, type of facility and duration;
- considered reasonably necessary for the patient's care; and
- not mainly for the convenience of the patient, the patient's family, Physician or other health care provider.

**Assisted Living Care Facility** is a residential facility engaged primarily in providing ongoing care and related services to a minimum of five residents in one location which:

- is licensed or certified by the state in which the facility is located as an assisted living care or residential care facility, if such licensing or certification is required in that state;
- provides care and services sufficient to support the needs of residents;
- has trained employees on duty at all times to provide such care;
- maintains a record of care services provided to residents;
- provides at least one meal per day and accommodates special dietary needs; and
- has proper procedures in place for handling and dispensing drugs.

**Face Amount**, for the purposes of this Rider, means the Whole Life Insurance Face Amount on the life of the Insured as of the Policy Date. This amount is reflected on the Policy Specification Page of Your Policy.

**Full Day** means at least four (4) hours during a twenty-four (24) hour calendar day period.

**Full Month** means a thirty (30) consecutive day period starting:

- the first day the Insured becomes an inpatient in a Nursing Home;
- the first day the Insured becomes a resident in an Assisted Living Care Facility; or
- the first Full Day when the Insured receives adult day care at an Adult Day Care Center.

**Full Month** also means each successive thirty (30) consecutive day period.

**Nursing Home** is an inpatient facility that provides skilled nursing care and related services which:

- is licensed by the state in which it is located as a skilled or convalescent nursing facility;
- has a licensed administrator, if required by the state in which it is located;
- provides skilled, intermediate and custodial nursing care under the direction of a doctor or registered nurse;
- provides twenty-four hour nursing care services under the supervision of a licensed nurse;
- provides daily dietary services; and
- maintains a complete medical record of each patient.

## **TERMINATION**

Coverage under this Rider ends:

- if Your Policy Lapses or otherwise terminates;
- when You make written request to cancel this Rider; or
- the Insured dies.

Signed for the Company.

[  ]  
[President]

*SERFF Tracking Number:* MCHX-125912702      *State:* Arkansas  
*Filing Company:* Kanawha Insurance Company      *State Tracking Number:* 40907  
*Company Tracking Number:* 20885  
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*Product Name:* 20885 Kanawha Facility Care Accelerated Benefit Ri  
*Project Name/Number:* 20885 Kanawha Facility Care Accelerated Benefit Rider/20885 Kanawha Facility Care Accelerated Benefit Rider

## **Rate Information**

Rate data does NOT apply to filing.



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**Review Status:**

**Satisfied -Name:** FCR Disclosure Statement 1669

01/05/2009

**Comments:**

**Attachment:**

FCR Disclosure Statement 1669.PDF

**CERTIFICATE OF COMPLIANCE**

Insurer: Kanawha Insurance Company

Form Numbers: 20885

I hereby certify that the filing above meets all applicable Arkansas requirements including Regulation 49 (Life and Health Guaranty Fund Notice) and Ark. Code Ann. 23-79-138 and Bulletin 11-88 (Consumer Information Notice).



\_\_\_\_\_  
Signature of Company Officer

R. Dale Vaughan

\_\_\_\_\_  
Name

President

\_\_\_\_\_  
Title

11/13/08

\_\_\_\_\_  
Date

**Certificate of Compliance with  
Arkansas Rule and Regulation 19**

Insurer: Kanawha Insurance Company  
20885

Form Number(s):

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



\_\_\_\_\_  
Signature of Company Officer

R. Dale Vaughan  
\_\_\_\_\_  
Name

President  
\_\_\_\_\_  
Title

11/13/08  
\_\_\_\_\_  
Date



January 14, 2008

McHugh Consulting Resources, Inc.  
Attn: Ms. Ginny McHugh, President  
350 S. Main Street, Suite 103  
Doylestown, PA 18901

Re: NAIC 65110

Dear Ms. McHugh,

Please accept this letter as authorization from Kanawha Insurance Company to your firm, McHugh Consulting Resources, Inc., to file any or all policy forms as referenced on the attached form listing on Kanawha's behalf.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Dale Vaughan'.

R. Dale Vaughan  
Vice President, Segment Operations  
803-283-5311

**Kanawha Insurance Company**  
**20885**  
**Form Listing**

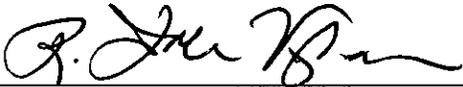
<b>FORM #</b>	<b>FORM TITLE</b>
20885	Facility Care Accelerated Benefit Rider

**STATE OF ARKANSAS**  
**READABILITY CERTIFICATION**

**COMPANY NAME:** Kanawha Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
20885	55.0

Signed:   
Name: R. Dale Vaughan  
Title: President  
Date: 11/13/08

.....

# McHugh Consulting Resources, Inc.

January 5, 2009

Linda Bird  
Arkansas Department of Insurance  
Compliance - Life and Health  
1200 West Third Street  
Little Rock, AR 72201-1904

Re: **KANAWHA INSURANCE COMPANY**  
**NAIC # 65110, FEIN # 57-0380426**  
**20885 – Facility Care Accelerated Benefit Rider**  
**SERFF Tracking No: MCHX-125912702**  
**State Assigned No: 40907**

Dear Ms. Bird:

Thank you for your letter dated November 24, 2008 regarding the above captioned Rider.

Pursuant to Rule and Regulation 60 s 8, we have attached the separate disclosure notice for the accelerated benefit. See form 1669.

We trust that we have satisfactorily responded to your inquiry. Should you have any additional questions or if we may provide any additional information, please do not hesitate to contact the undersigned. Thank you for your consideration in this matter.

Very truly yours,



Linda Boyce  
Consultant

Attachment

# KANAWHA INSURANCE COMPANY

[210 SOUTH WHITE STREET, POST OFFICE BOX 610, LANCASTER, SC 29721-0610]

## DISCLOSURE – FACILITY CARE ACCELERATED BENEFIT

### General Description

This Benefit accelerates payment of a portion of the Death Benefit that We would otherwise pay at the Insured's death as benefit payments known as Care Payments. This Benefit provides Care Payments only when the Insured is continuously confined as an inpatient in a Nursing Home, when the Insured continuously resides in an Assisted Living Care Facility or when the Insured receives adult day care at an Adult Day Care Center. The Insured's confinement, residency or adult day care must be Appropriate Facility Care.

### Effect of Benefit on Policy Values

Care Payments will reduce the Death Benefit of Your Policy payable at the Insured's death and will reduce Your Policy's Cash Value. Payment of this Benefit creates a lien against the Policy's Death Benefit and Cash Value. Interest is charged on the lien balance.

Payment of this Benefit will reduce the Cash Value. For Example, if:

- the Cash Value is \$1,000;
  - this Benefit is \$36,000; and
  - the Whole Life Face Amount is \$100,000; then
- the new Cash Value will be  $\{(\$1,000) \times (\$64,000/\$100,000)\} = \$640$ .

### Limitations

Care Payments are only payable while Your Policy is in force during the lifetime of the Insured. Total payments under this Benefit shall not exceed the Lifetime Maximum Facility Care Benefit Amount listed in the Rider Schedule.

Total accelerated benefit payments made under the Rider, Your Policy and any other attached rider along with Policy Loans and interest charged on Care Payments shall not exceed the total life insurance on the life of the Insured.

### Cost

There is no premium or administrative charge for this benefit.

### Exclusions

No Care Payments are payable if the Appropriate Facility Care is due wholly or in part to:

- attempted suicide, whether sane or insane;
- any intentionally self-inflicted injury;
- substance abuse; or
- the Insured's commission of a crime.

**THIS BENEFIT MAY BE SUBJECT TO TAX AND MAY ADVERSELY AFFECT MEDICAID ELIGIBILITY OR OTHER GOVERNMENT BENEFITS OR ENTITLEMENTS. TO DETERMINE THE TAX IMPACT ON YOU, IF ANY, YOU SHOULD SEEK THE ADVICE OF YOUR PERSONAL TAX ADVISOR PRIOR TO MAKING A CLAIM FOR THIS BENEFIT.**

\_\_\_\_\_  
Policyowner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Licensed Insurance Producer's Signature

\_\_\_\_\_  
Date

Please return the signed original of this form to Kanawha. Give the second copy to the Policyowner.