

<i>SERFF Tracking Number:</i>	<i>CAIC-126355722</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Continental American Insurance Company</i>	<i>State Tracking Number:</i>	<i>43861</i>
<i>Company Tracking Number:</i>	<i>7384</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>AD&D Term Life Rider</i>		
<i>Project Name/Number:</i>	<i>Arkansas/</i>		

Filing at a Glance

Company: Continental American Insurance Company

Product Name: AD&D Term Life Rider

SERFF Tr Num: CAIC-126355722 State: Arkansas

TOI: L04G Group Life - Term

SERFF Status: Closed-Approved-Closed
State Tr Num: 43861

Sub-TOI: L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium

Co Tr Num: 7384

State Status: Approved-Closed

Filing Type: Form

Author:

Reviewer(s): Linda Bird

Date Submitted: 10/23/2009

Disposition Date: 10/27/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Arkansas

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer, Other

Filing Status Changed: 10/27/2009

Explanation for Other Group Market Type:

Union

State Status Changed: 10/27/2009

Deemer Date:

Created By: Amanda King

Submitted By: Amanda King

Corresponding Filing Tracking Number:

Filing Description:

Enclosed for your consideration and approval is the above captioned rider for use with our Group Term Life Policy forms CAI9100, et al approved by your Department on October 14, 2009. This form will replace CAI9143 approved by your Department on October 14, 2009.

Company and Contact

SERFF Tracking Number: CAIC-126355722 State: Arkansas
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 Company Tracking Number: 7384
 TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: AD&D Term Life Rider
 Project Name/Number: Arkansas/

Filing Contact Information

Amanda King, Compliance Analyst companycompliance@caicworksite.com
 2801 Devine Street 888-730-2244 [Phone] 4331 [Ext]
 Columbia, SC 29205 803-929-4919 [FAX]

Filing Company Information

Continental American Insurance Company CoCode: 71730 State of Domicile: South Carolina
 2801 Devine Street Group Code: Company Type: LAH
 Columbia, SC 29205 Group Name: Continental Amer Ins State ID Number:
 Co
 (803) 256-6265 ext. [Phone] FEIN Number: 57-0514130

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental American Insurance Company	\$0.00	10/23/2009	
Continental American Insurance Company	\$20.00	10/26/2009	31561174

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/27/2009	10/27/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
State Fee	Note To Reviewer	Amanda King	10/26/2009	10/26/2009
State Status	Note To Filer	Linda Bird	10/26/2009	10/26/2009
State Status	Note To Reviewer	Amanda King	10/23/2009	10/23/2009

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Disposition

Disposition Date: 10/27/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Product Name: AD&D Term Life Rider
Project Name/Number: Arkansas/

Note To Reviewer

Created By:

Amanda King on 10/26/2009 04:10 PM

Last Edited By:

Linda Bird

Submitted On:

10/27/2009 08:39 AM

Subject:

State Fee

Comments:

Ms. Bird,

We have submitted the requested filing fee.

Respectfully,

Amanda

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TOI: L04G Group Life - Term *Sub-TOI:* L04G.103 Renewable - Single Life -
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Product Name: AD&D Term Life Rider
Project Name/Number: Arkansas/

Note To Filer

Created By:

Linda Bird on 10/26/2009 08:55 AM

Last Edited By:

Linda Bird

Submitted On:

10/27/2009 08:39 AM

Subject:

State Status

Comments:

The filing fee applicable to this filing is \$20.00. Please refer to Arkansas Rule and Regulation 57 for Arkansas filing fees. If retaliatory fee is greater than Arkansas, then pay the greater fee.

We will hold your filing in a pending status until the fee is received.

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Product Name: AD&D Term Life Rider
Project Name/Number: Arkansas/

Note To Reviewer

Created By:

Amanda King on 10/23/2009 11:44 AM

Last Edited By:

Linda Bird

Submitted On:

10/27/2009 08:39 AM

Subject:

State Status

Comments:

I noticed that the state status for this filing is "Pending Fees". Under the general instructions it said that the fee is retaliatory. South Carolina has a retaliatory fee of \$0.00, that is why no fee was submitted.

Respectfully,
Amanda King

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Form Schedule

Lead Form Number: CAI9143 10-22

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	CAI9143 10-22	Policy/Cont AD&D Rider ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial			CAI9143 10-22 AD&D Rider Revised.pdf



2801 Devine Street, Columbia, South Carolina 29205

RIDER TO GROUP TERM LIFE INSURANCE

ACCIDENTAL DEATH, LOSS OF SIGHT AND DISMEMBERMENT BENEFIT

This Benefit is available to the [Employee] [or] [Spouse] as indicated in the Certificate Schedule. Losses covered by this Rider must occur prior to the termination date for it to be shown in the Certificate Schedule.

GENERAL INFORMATION

We will pay an Accidental Death, Loss of Sight or Dismemberment Benefit if [a/an] [Employee] [or] [Spouse] shown on the Certificate Schedule suffers one of the losses shown below, as a result of an Accidental Injury that occurs while the individual's Certificate is In Force.

BENEFITS

Accidental Death Benefit

For Accidental Death, We will pay the Accidental Death Benefit shown on the Certificate Schedule.

Loss Of Sight And Dismemberment Benefits

We will pay 50% of the Accidental Death Benefit shown on the Certificate Schedule for Accidental loss of:

- Both Hands;
- Both Feet;
- Sight of Both Eyes;
- One Hand and One Foot
- One Hand and Sight of one eye; or
- One Foot and Sight of one eye.

Seat Belt Benefit

For death resulting from a Motor Vehicle or Common Carrier Accident, We will pay 25% of the Accidental Death Benefit shown on the Certificate Schedule when the Insured is wearing a Seat Belt and:

- Driving or riding in a Motor Vehicle; or
- A Passenger on a Common Carrier.

This Benefit is in addition to other Optional Benefits.

DEFINITIONS

Common Carrier means a conveyance that:

- Is operated by a government-regulated or government-run business; and
- Transports persons for a fee.

Loss of Foot means the total and irrecoverable loss of use of the foot.

Loss of Hand means the total and irrecoverable loss of use of at least four fingers entirely on one hand.

Loss of Sight means clinically-proven, irreversible reduction of sight in both eyes as a result an Injury. The corrected visual acuity must be:

- Less than 20/200; or
- A visual field restriction to 20 degrees or less in both eyes.

There must be clear proof that blindness was due to an Injury, and that the condition has continued without interruption for a period of at least six (6) consecutive months after diagnosis.

No benefit will be paid if, in general medical opinion, surgery, a device, or implant could result in the partial or total restoration of sight.

The diagnosis must be made:

- By physical examination by an ophthalmologist; and
- After the Effective Date of Insurance.

Motor Vehicle means a vehicle licensed to operate on public roadways.

Racing means engaging in a contest of speed against one or more other persons.

Seat Belt means a manufacturer or dealer-installed safety device in a Common Carrier or Motor Vehicle consisting of a strap or harness that is intended to restrain an occupant during an Accident and reduce injuries.

LIMITATIONS AND EXCLUSIONS

The loss must occur within 180 days after the Accident.

This Benefit will terminate for the covered [Employee] when a Loss of Sight or Dismemberment Benefit is paid.

If two (2) or more losses covered by this Benefit result from one (1) Accident, We will pay only one (1) Benefit. That Benefit will be the largest amount available for any one (1) of the losses. This does not apply to the Seat Belt Benefit.

If two (2) or more Accidents cause losses covered by this Benefit, We will not pay more than 100% of the Accidental Death Benefit shown on the Certificate Schedule for all such losses combined. This does not apply to the Seat Belt Benefit.

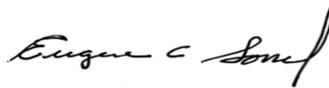
This Benefit is not payable if a loss results from:

- was caused directly or indirectly, wholly or partly, from suicide or attempted suicide, whether sane or insane, or any intentionally self-inflicted Injury; or
- resulted from or occurred while committing an assault or felony, or resisting or fleeing from arrest; or

- resulted from or occurred while participating in a riot or insurrection; or
- was caused by taking, absorbing or inhaling voluntarily poison, poison gas or fumes; or
- was intentionally inflicted by any person (If the Covered Person is an innocent bystander having no relationship to an altercation, it is covered.); or
- was incurred during travel, flight or descent from any kind of aircraft, unless the Covered Person was being transported as a fare paying passenger on a regularly scheduled flight [(This exclusion does not apply to airline employees flying while working, traveling for pleasure or traveling to and from a job assignment)]; or
- was caused by disease, illness or bacterial infection (If the infection occurs because of an Injury, it is covered.);
- Substance abuse (This does not exclude a loss brought about by the use of drugs prescribed by and used as directed by a Physician.);
- War or act of war, whether declared or undeclared;
- Service in the armed forces of any country or organization or in units auxiliary thereto;
- Bacterial infection, unless the infection is caused by an Accident;
- Voluntarily taking, absorbing or inhaling poison, poisonous gas or fumes;
- Intoxication; or
- Racing a self-propelled vehicle on a racetrack, on a public road or at another place.]

All Certificate provisions apply to this Rider, unless inconsistent with or changed by this Rider. The Incontestability Provision of the Certificate applies to this Rider from the Rider Issue Date.

Signed for the Company at its Home Office.

A handwritten signature in cursive script, appearing to read "Eugene C. Smith".

President

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Readability.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: n/a Comments:		

READABILITY CERTIFICATION

I, James J. Hennessy, hereby certify that the following form has the following rider has a readability score as calculated by the Flesch Reading Ease Test: 50.7

Form

CAI9143 10-22 Accidental Death, Loss of Sight & Dismemberment Benefit Rider

October 23, 2009

Date

James J. Hennessy, AIRC, CCP
Vice President, Compliance
Continental American Insurance Company