

SERFF Tracking Number: SKML-126370715 State: Arkansas  
 Filing Company: Kanawha Insurance Company State Tracking Number: 43982  
 Company Tracking Number: 1681  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: Humana Ind Life CC Disclosure Filing  
 Project Name/Number: Humana Ind Life CC Disclosure Filing/1681

## Filing at a Glance

Company: Kanawha Insurance Company

Product Name: Humana Ind Life CC Disclosure SERFF Tr Num: SKML-126370715 State: Arkansas

Filing

TOI: L08 Life - Other

SERFF Status: Closed-Approved-  
Closed State Tr Num: 43982

Sub-TOI: L08.000 Life - Other

Co Tr Num: 1681

State Status: Approved-Closed

Filing Type: Form

Author: Dee Sinkoe

Reviewer(s): Linda Bird

Date Submitted: 11/04/2009

Disposition Date: 11/05/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Humana Ind Life CC Disclosure Filing

Status of Filing in Domicile: Authorized

Project Number: 1681

Date Approved in Domicile: 09/23/2009

Requested Filing Mode: Informational

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: 11/05/2009

Explanation for Other Group Market Type:

State Status Changed: 11/05/2009

Deemer Date:

Created By: Dee Sinkoe

Submitted By: Dee Sinkoe

Corresponding Filing Tracking Number:

Filing Description:

The enclosed form is being submitted on behalf of Kanawha Insurance Company for your information. This form replaces previously filed Credit Card Disclosure form filed with your department under File number 43280 approved on August 21, 2009.

The reason for this replacement is the addition of Form number 1681 in the lower left hand corner of the form.

Otherwise this form is unchanged from the previously approved version mentioned above.

The purpose of this form is to inform policyholders who pay premiums with credit cards that they will be charged an additional fee of \$12.00 annually. This fee is disclosed in the Benefit Section on page 2 of the application and is included in the premium. This disclosure serves as an extra notice to those who use credit cards to pay the premium.

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The Company reserves the right to increase this annual fee in the event the credit card company increases its processing fee.

This disclosure form will be used with the following previously approved policy forms in your state:

Name	Form Number
Individual Whole Life Insurance Policy -	00800 1/88
Individual Modified Amount Whole Life Insurance	00020 3/90

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.

The Company reserves the right to use this form in this format in a variety of media, including the Internet, with the understanding that there may be slight accommodations made for electronic viewing.

While every effort is made to submit filings without mistakes, the Company reserves the right to make corrections to any typographical errors or minor grammatical errors noted after the filing and approval.

## Company and Contact

### Filing Contact Information

Dvora Sinkoe, Compliance Analyst                      dee@skminc.com  
1925 Century Blvd    404-633-5353 [Phone]  
Suite 1    404-633-6301 [FAX]  
Atlanta, GA 30345

### Filing Company Information

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

Kanawha Insurance Company	CoCode: 65110	State of Domicile: South Carolina
210 South White Street	Group Code: -99	Company Type: Life
Lancaster, SC 29720	Group Name:	State ID Number:
(803) 283-5301 ext. [Phone]	FEIN Number: 57-0380426	

## Filing Fees

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

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Kanawha Insurance Company	\$20.00	11/04/2009	31786455

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/05/2009	11/05/2009

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## Disposition

Disposition Date: 11/05/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Authorization Letter		Yes
Form	Credit Card Disclosure Form		Yes

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## Form Schedule

**Lead Form Number: 1681**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	1681	Other	Credit Card Disclosure Form	Initial		68.900	1681 Credit Card Disclosure.pdf

**NOTICE TO INDIVIDUALS WHO PAY PREMIUM  
BY CREDIT CARD BILLING**

**NOTICE**

Policyholders who choose to have their credit card billed for premium payments will be charged a collection fee of [\$12.00] annually. This fee will be applied to each policy billed by credit card. This fee may change annually. This fee is a processing fee that we incur for such a credit card transaction.

<i>SERFF Tracking Number:</i>	<i>SKML-126370715</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>1681</i>		
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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Flesch Certification		
<b>Bypass Reason:</b>	not applicable to this filing		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application		
<b>Bypass Reason:</b>	not applicable to this filing		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Authorization Letter		
<b>Comments:</b>			
<b>Attachment:</b>			
Auth ltr.pdf			



**R. Dale Vaughan, CLU, CEBS, FLMI**  
*President and Chief Operating Officer*  
Kanawha Insurance Company

210 South White Street  
Post Office Box 610  
Lancaster, SC 29721-0610

Direct Line: 803-283-5490  
dale.vaughan@kmgamerica.com

March 18, 2009

Ms. Sandra K. Meltzer, President  
Sandra K. Meltzer & Associates, Inc.  
1925 Century Boulevard, Suite 1  
Atlanta, Georgia 30345

Re: NAIC 65110

Dear Ms. Meltzer:

Please accept this letter as authorization from Kanawha Insurance Company to your firm, Sandra K. Meltzer & Associates, 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". The signature is fluid and cursive.

R. Dale Vaughan

Attachment