

SERFF Tracking Number: CCGN-126017700 State: Arkansas
Filing Company: Life Insurance Company of North America State Tracking Number: 41454
Company Tracking Number: 09-3001
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
Product Name: Blanket Accident
Project Name/Number: Blanket Accident Policy Face Page/09-3001

Filing at a Glance

Company: Life Insurance Company of North America

Product Name: Blanket Accident SERFF Tr Num: CCGN-126017700 State: ArkansasLH
TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed State Tr Num: 41454
Sub-TOI: H04.000 Health - Blanket Accident/Sickness Co Tr Num: 09-3001 State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Rosalind Minor
Author: Sharon Battle Disposition Date: 02/06/2009
Date Submitted: 02/04/2009 Disposition Status: Approved-Closed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Blanket Accident Policy Face Page
Project Number: 09-3001
Requested Filing Mode:

Explanation for Combination/Other:

Submission Type:

Overall Rate Impact:

Filing Status Changed: 02/06/2009

State Status Changed: 02/06/2009

Corresponding Filing Tracking Number:

Filing Description:

Attached please find the above captioned form for your review and approval. This form has not been filed with our state of domicile since Pennsylvania does not require the filing of forms intended for delivery outside their state pursuant to PA Notices 96-1 and/or 96-13.

This form is a substitution of BA-01-1000.00, which was previously approved by your Department. No changes have

SERFF Tracking Number: CCGN-126017700 State: Arkansas
 Filing Company: Life Insurance Company of North America State Tracking Number: 41454
 Company Tracking Number: 09-3001
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
 Product Name: Blanket Accident
 Project Name/Number: Blanket Accident Policy Face Page/09-3001

been made to this form other than the addition of hard brackets ([]) that enclose the Corporate Secretary's signature, name and title. The hard brackets indicate that the signature, name and title may be included or excluded.

The referenced form has been written in readable language and is being submitted in final printed format. Printing is subject to changes in ink, paper stock, margins, positioning and format. However, printing standards will never be less than that required under your law.

We appreciate you taking the time to review this form and trust that you will find everything in order. If you should have any questions or require additional information, please do not hesitate to e-mail me at Sharon.battle@cigna.com, or call me collect at 215-761-4101.

Company and Contact

Filing Contact Information

Sharon Battle, Asst. Director, Compliance sharon.battle@cigna.com
 1601 Chestnut Street (215) 761-4101 [Phone]
 Philadelphia, PA 19192 (215) 761-5609[FAX]

Filing Company Information

Life Insurance Company of North America CoCode: 65498 State of Domicile: Pennsylvania
 1601 Chestnut Street Group Code: 901 Company Type:
 TL16D
 Philadelphia, PA 19192 Group Name: State ID Number:
 (215) 761-8442 ext. [Phone] FEIN Number: 23-1503749

Filing Fees

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

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-----------------------------------------|---------|----------------|---------------|
| Life Insurance Company of North America | \$0.00 | 02/04/2009 | |
| Life Insurance Company of North America | \$50.00 | 02/05/2009 | 25523156 |

SERFF Tracking Number: CCGN-126017700 State: Arkansas
Filing Company: Life Insurance Company of North America State Tracking Number: 41454
Company Tracking Number: 09-3001
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
Product Name: Blanket Accident
Project Name/Number: Blanket Accident Policy Face Page/09-3001

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 02/06/2009 | 02/06/2009 |

SERFF Tracking Number: CCGN-126017700 *State:* Arkansas
Filing Company: Life Insurance Company of North America *State Tracking Number:* 41454
Company Tracking Number: 09-3001
TOI: H04 Health - Blanket Accident/Sickness *Sub-TOI:* H04.000 Health - Blanket Accident/Sickness
Product Name: Blanket Accident
Project Name/Number: Blanket Accident Policy Face Page/09-3001

Disposition

Disposition Date: 02/06/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CCGN-126017700 State: Arkansas
 Filing Company: Life Insurance Company of North America State Tracking Number: 41454
 Company Tracking Number: 09-3001
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
 Product Name: Blanket Accident
 Project Name/Number: Blanket Accident Policy Face Page/09-3001

| Item Type | Item Name | Item Status | Public Access |
|----------------------------|----------------------|--------------------|----------------------|
| Supporting Document | Flesch Certification | Approved-Closed | Yes |
| Supporting Document | Application | Approved-Closed | Yes |
| Form | Policy Face Page | Approved-Closed | Yes |

SERFF Tracking Number: CCGN-126017700 State: Arkansas
 Filing Company: Life Insurance Company of North America State Tracking Number: 41454
 Company Tracking Number: 09-3001
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
 Product Name: Blanket Accident
 Project Name/Number: Blanket Accident Policy Face Page/09-3001

Form Schedule

Lead Form Number: BA-01-1000.00

| Review Status | Form Number | Form Type Form Name | Action | Action Specific Data | Readability | Attachment |
|-----------------|---------------|--------------------------------------------------------------------------------------|---------|----------------------|-------------|-------------------|
| Approved-Closed | BA-01-1000.00 | Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | Initial | | 51 | BA-01-1000.00.pdf |

Life Insurance Company of North America
1601 Chestnut Street, Philadelphia, Pennsylvania 19192-2235
A Stock Insurance Company

BLANKET ACCIDENT POLICY

POLICYHOLDER: {JOHN DOE ORGANIZATION}
POLICY NUMBER: {SPS-000000}
POLICY EFFECTIVE DATE: {January 1, 2003}
[Include when the Policy Term is greater than one year
POLICY ANNIVERSARY {January 1, 2003}]
POLICY TERM: {January 1, 2003 through December 31, 2003}
STATE OF ISSUE: {Any state}

This Policy describes the terms and conditions of insurance. This Policy goes into effect subject to its applicable terms and conditions at 12:01 A.M. on the Policy Effective Date shown above at the Policyholder's address. It will remain in effect for the duration of the Policy Term shown above if the premium is paid according to the agreed terms. This Policy terminates at 12:00 A.M., on the day following the last day of the Policy Term unless the Policyholder and We agreed to continue coverage under this Policy for an additional Policy Term. The laws of the State of Issue shown above govern this Policy.

We and the Policyholder agree to all the terms of this Policy.

THIS IS A LIMITED POLICY
IT PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENT ONLY
[IT DOES NOT PAY BENEFITS FOR LOSS CAUSED BY SICKNESS]
or, with Ancillary Accident and Sickness Benefit or Short-Term Emergency Sickness Benefit Rider
[IT PAYS LIMITED BENEFITS FOR SICKNESS]
PLEASE READ IT CAREFULLY.
[NON-PARTICIPATING]



[Secretary]

President

Countersigned _____
Where Required By Law

SERFF Tracking Number: *CCGN-126017700* *State:* *Arkansas*
Filing Company: *Life Insurance Company of North America* *State Tracking Number:* *41454*
Company Tracking Number: *09-3001*
TOI: *H04 Health - Blanket Accident/Sickness* *Sub-TOI:* *H04.000 Health - Blanket Accident/Sickness*
Product Name: *Blanket Accident*
Project Name/Number: *Blanket Accident Policy Face Page/09-3001*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CCGN-126017700 State: Arkansas
Filing Company: Life Insurance Company of North America State Tracking Number: 41454
Company Tracking Number: 09-3001
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
Product Name: Blanket Accident
Project Name/Number: Blanket Accident Policy Face Page/09-3001

Supporting Document Schedules

Satisfied -Name: Flesch Certification **Review Status:** Approved-Closed 02/06/2009
Comments:
Attachment:
LINA Flesch Cert.pdf

Bypassed -Name: Application **Review Status:** Approved-Closed 02/06/2009
Bypass Reason: Not Applicable
Comments:

**Life Insurance Company of North America
1601 Chestnut Street
P.O. Box 7716
Philadelphia, PA 19192-2235**

READABILITY CERTIFICATION

We, the Life Insurance Company of North America, certify that we have carefully scored the forms listed below, using the Flesch Readability Test, in accordance with applicable readability standards. Each form was scored separately and in its entirety. These scores are set forth below.

| Form Number | Description of Form | Score |
|--------------------|----------------------------|--------------|
| BA-01-1000.00 | Policy Face Page | 51.2 |



Signature: _____

Name: Steven G. Mellas

Title: Assistant-Vice President Compliance

Date: February 4, 2009