

SERFF Tracking Number: EVST-126121324 State: Arkansas  
Filing Company: Everest National Insurance Company State Tracking Number: 42212  
Company Tracking Number: EAH 00 505 12 08  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: Stop Loss  
Project Name/Number: Stop Loss Revised page/EAH 00 505 12 08

## Filing at a Glance

Company: Everest National Insurance Company

Product Name: Stop Loss

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Filing Type: Form

SERFF Tr Num: EVST-126121324 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 42212

Co Tr Num: EAH 00 505 12 08

Author: Susan Coulter1

Date Submitted: 04/22/2009

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 05/06/2009

Disposition Status: Approved-  
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: Stop Loss Revised page

Project Number: EAH 00 505 12 08

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/06/2009

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 05/06/2009

Created By: Susan Coulter1

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Susan Coulter1

Filing Description:

Everest National Insurance Company filed and obtained approval of a stop loss program in Arkansas. The original program was filed, assigned file number 33747, and approved on 10/3/06. Due to incorrect language related to disabled persons, a revised policy was filed and approved on December 4, 2009 (file number 34290). The carrier filed a new signature page recently and the department withdrew its approval of the entire program for the following reason: "we are withdrawing our approval since your company does not have Accident and Health authority."

The carrier found that it did have authority and asked me to file the new signature page, file proof of A & H authority, and find out if the approvals of October and December 2006 could be reinstated.

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Attached is the new signature page. No rates are impacted by this filing.

Thank you for your consideration. Please let me know what else you need to reinstate the Everest National approval.  
 Thank you. Regards, Susan Coulter

## Company and Contact

### Filing Contact Information

Susan Coulter, Compliance Consultant sue@coulter-and-associates.com  
 477 Martinsville Road 609-443-4140 [Phone]  
 P.O. Box 830  
 Liberty Corner, NJ 07938-0830

### Filing Company Information

Everest National Insurance Company CoCode: 10120 State of Domicile: Delaware  
 477 Martinsville Road Group Code: 1120 Company Type:  
 P.O. Box 830 Group Name: Everest Re Group, State ID Number:  
 Ltd.  
 Liberty Corner, NJ 07938-0830 FEIN Number: 22-2660372  
 (908) 604-3000 ext. [Phone]

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation: \$20 for form added to current policy form  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Everest National Insurance Company	\$20.00	04/22/2009	27341932

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/06/2009	05/06/2009

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## Disposition

Disposition Date: 05/06/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	Yes
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	proof of A & H authorization	Approved-Closed	Yes
<b>Form</b>	Signature Page	Approved-Closed	Yes

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## Form Schedule

**Lead Form Number: EAH 00 505 12 08**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 05/06/2009	EAH 00 505 12 08	Policy Jacket	Signature Page	Initial		56.900	Signature page for ENIC rev EAH 00 505 12 08.pdf

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This policy is signed by officers of the Company shown on the Excess Loss Schedule of this policy.

For: Everest National Insurance Company

[Current Position Holder]

\_\_\_\_\_  
President

[Current Position Holder]

\_\_\_\_\_  
Secretary

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Flesch Certification	Approved-Closed	05/06/2009
<b>Bypass Reason:</b>	The underlying forms were approved in 2006 based on these certifications and withdrawn due to the department's position of a lack of authority for ENIC to write A & H programs. We are asking that the forms approval be reinstated. Should the forms need to be refiled in their entirety, please let me know and this information will be provided.		

**Comments:**

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application	Approved-Closed	05/06/2009
<b>Bypass Reason:</b>	We are filing a revised signature page only.		

**Comments:**

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Outline of Coverage	Approved-Closed	05/06/2009
<b>Bypass Reason:</b>	not applicable to this product		

**Comments:**

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	proof of A & H authorization	Approved-Closed	05/06/2009

**Comments:**

**Attachments:**

ar act eff 4-13-2001 disability is now a&h.pdf  
 ar enic coa w note disab is now ah.pdf

Stricken language would be deleted from and underlined language would be added to the law as it existed prior to this session of the General Assembly.

1 State of Arkansas  
2 83rd General Assembly  
3 Regular Session, 2001  
4

As Engrossed: H3/7/01 H3/19/01

# A Bill

Act 1603 of 2001  
HOUSE BILL 2405

5 By: Representative Files  
6  
7

## For An Act To Be Entitled

9 AN ACT TO AMEND VARIOUS CHAPTERS AND SUBCHAPTERS  
10 OF THE ARKANSAS INSURANCE CODE, TITLE 23 OF THE  
11 ARKANSAS CODE, IN ORDER TO REPLACE THE TERM  
12 DISABILITY INSURANCE WITH THE TERM ACCIDENT AND  
13 HEALTH INSURANCE, WHERE WARRANTED AND  
14 APPROPRIATE; AND FOR OTHER PURPOSES.  
15

### Subtitle

16 AN ACT TO REPLACE THE TERM DISABILITY  
17 INSURANCE WITH THE TERM ACCIDENT AND  
18 HEALTH INSURANCE, WHERE WARRANTED AND  
19 APPROPRIATE.  
20  
21  
22



23 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:  
24

25 *SECTION 1. Arkansas Code 23-61-401(4)(B), concerning appointment fees*  
26 *for insurance agents, is amended to read as follows:*

27 *(B) Life and ~~disability~~ accident and health insurance agents:*

28 *Appointment of agent by insurer, each insurer..... 10.00*

29 *Annual continuation of appointment, each insurer ...10.00*  
30

31 *SECTION 2. Arkansas Code 23-61-507(a) is amended to read as follows:*

32 *(a) Any production agency or administrator which advertises,*  
33 *sells, transacts, or administers the coverage in this state described in §*  
34 *23-61-503 and which is required to submit to an examination by the Insurance*  
35 *Commissioner under § 23-61-504, if the coverage is not fully insured or*  
36 *otherwise fully covered by an admitted life or ~~disability~~ accident and health*

1 insurer, nonprofit hospital service plan, or nonprofit health care plan,  
2 shall advise every purchaser, prospective purchaser, and covered person of  
3 this lack of insurance or other coverage.

4  
5 SECTION 3. Arkansas Code 23-62-103 is amended to read as follows:

6 23-62-103. ~~Disability~~ Accident and health insurance.

7 (a) As used in this code, unless the context otherwise requires,  
8 "~~disability~~ accident and health insurance" is insurance of human beings  
9 against bodily injury, disablement, or death by accident or accidental means,  
10 or the expense thereof, or against loss of income due to disablement, or  
11 expense resulting from sickness, and every insurance appertaining thereto.

12 (b) Transaction of ~~disability~~ accident and health insurance does not  
13 include workers' compensation, as defined in § 23-62-105(a)(3).

14  
15 SECTION 4. Arkansas Code 23-62-105(a)(2), concerning the elements of  
16 casualty insurance, is amended to read as follows:

17 (2) Liability Insurance. Insurance against legal liability for  
18 the death, injury, or disability of any human being, or for damage to  
19 property, and the provision of medical, hospital, surgical, ~~or disability~~, or  
20 accident and health benefits to injured persons and funeral and death  
21 benefits to dependents, beneficiaries, or personal representatives of persons  
22 killed, irrespective of legal liability of the insured, when issued as an  
23 incidental coverage with or supplemental to liability insurance;

24  
25 SECTION 5. Arkansas Code 23-62-105(b), concerning the elements of  
26 casualty insurance, is amended to read as follows:

27 (b) Provision of medical, hospital, surgical, and funeral benefits,  
28 and of coverage against accidental death or injury, as incidental to and part  
29 of other insurance as stated under subdivisions (1) vehicle, (2) liability,  
30 (4) burglary, and (10) malpractice, of subsection (a) of this section shall  
31 for all purposes be deemed to be the same kind of insurance to which it is so  
32 incidental and shall not be subject to provisions of this code applicable to  
33 life or ~~disability~~ accident and health insurances.

34  
35 SECTION 6. Arkansas Code 23-62-301(b) is amended to read as follows:

36 (b) All reserves ceded to a nonadmitted reinsurer on life insurance

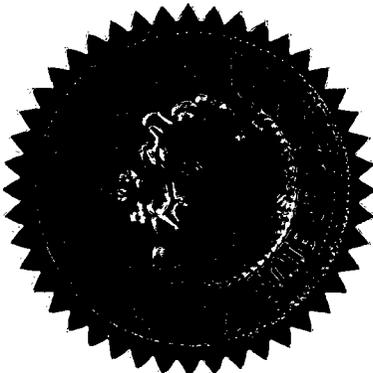


THIS IS TO CERTIFY, That, pursuant to the Insurance Code of the State of Arkansas, Certificate of Authority No. 2367 is hereby amended as follows: EVEREST NATIONAL INSURANCE COMPANY

CERTIFICATE HAS BEEN AMENDED TO INCLUDE THE WRITING OF DISABILITY.

Law effective 4-13-2001  
Disability is ash

effective this the 25th day of AUGUST, 1998.



*Jimie Baird*

INSURANCE COMMISSIONER

By *[Signature]*  
DEPUTY COMMISSIONER