

SERFF Tracking Number: AGDE-126208832 State: Arkansas  
 Filing Company: National Union Fire Insurance Company of Pittsburgh, PA State Tracking Number: 42946  
 Company Tracking Number: C11703DBG (REV 10-08)  
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness  
 Product Name: Speciality Markets  
 Project Name/Number: Excess Benefits /C11703DBG (Rev 10-08)

## Filing at a Glance

Company: National Union Fire Insurance Company of Pittsburgh, PA  
 Product Name: Speciality Markets SERFF Tr Num: AGDE-126208832 State: ArkansasLH  
 TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed State Tr Num: 42946  
 Sub-TOI: H04.000 Health - Blanket Accident/Sickness Co Tr Num: C11703DBG (REV 10-08) State Status: Approved-Closed  
 Filing Type: Form Co Status: Reviewer(s): Rosalind Minor  
 Authors: Wanda Floyd, Jane Ford, Penny Berry Disposition Date: 07/23/2009  
 Date Submitted: 07/16/2009 Disposition Status: Approved-Closed  
 Implementation Date Requested: On Approval Implementation Date:  
 State Filing Description:

## General Information

Project Name: Excess Benefits  
 Project Number: C11703DBG (Rev 10-08)  
 Requested Filing Mode: Review & Approval

Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact:  
 Filing Status Changed: 07/23/2009

Deemer Date:  
 Filing Description:  
 July 16, 2009

Status of Filing in Domicile: Not Filed  
 Date Approved in Domicile:  
 Domicile Status Comments: Not filed in domicile state of Pennsylvania as this is deregulated.  
 Market Type: Group  
 Group Market Size: Small  
 Group Market Type: Blanket  
 Explanation for Other Group Market Type:  
 State Status Changed: 07/23/2009  
 Corresponding Filing Tracking Number:

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Honorable Mike Pickens  
Insurance Commissioner  
Arkansas Insurance Department  
1200 West 3rd Street  
Little Rock, Arkansas 72201-1904

ATTN: John Shields, Director

RE: National Union Fire Insurance Company of Pittsburgh, Pa.  
NAIC # 012-19445, FEIN 25-0687550  
Blanket Accident Insurance Program (C11695DBG et al)  
C11703DBG (Rev 10-08) Excess Benefits with Corridor Deductible Rider  
C11704DBG (Rev 10-08) Excess Benefits with Integrated Deductible Rider  
Form Filing

Dear Commissioner:

The above-captioned forms will be used with our Blanket Accident Insurance Policy C11695DBG, which was previously approved by your Department on August 30, 2001. These forms are new and are not intended to replace any existing forms previously approved by your Department.

Form C11703DBG (Rev 10-08) is similar to C11703DBG approved in your state on 8/30/01 with the difference being:  
1. in the "Excess Benefits with Corridor Deductible" provision we added " [after the first [\$100]of incurred expenses]"

Form C11704DBG (Rev 10-08) is similar to C11704DBG approved in your state on 8/30/01 with the difference being:  
1. in the "Excess Benefits[ with Integrated Deductible]" provision we added "[after the first [\$100] of incurred expenses]"

We thank you in advance for your attention to this filing. Please do not hesitate to contact our office if you have any questions or require additional information.

Sincerely,

SERFF Tracking Number: AGDE-126208832 State: Arkansas  
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 Product Name: Speciality Markets  
 Project Name/Number: Excess Benefits /C11703DBG (Rev 10-08)

Penny L. Berry  
 Regulatory Analyst  
 Commercial Insurance - Law Department  
 Domestic Accident & Health Division  
 A&H Regulatory Affairs Unit  
 Phone: 302-594-2414 Fax: (302) 594-4810  
 Email: penny.berry@aiuholdings.com

## Company and Contact

### Filing Contact Information

Penny Berry, Product Analyst penny.berry@aig.com  
 600 King Street (800) 225-5244 [Phone]  
 Wilmington, DE 19801 (302) 594-4810[FAX]

### Filing Company Information

National Union Fire Insurance Company of Pittsburgh, PA CoCode: 19445 State of Domicile: Pennsylvania  
 70 Pine Street Group Code: 12 Company Type:  
 New York, NY 10270 Group Name: AIG State ID Number:  
 (212) 770-7000 ext. [Phone] FEIN Number: 25-0687550  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$40.00  
 Retaliatory? No  
 Fee Explanation: 2 forms x @20.00 = \$40.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Union Fire Insurance Company of	\$40.00	07/16/2009	29244273

*SERFF Tracking Number:* AGDE-126208832      *State:* Arkansas  
*Filing Company:* National Union Fire Insurance Company of      *State Tracking Number:* 42946  
Pittsburgh, PA  
*Company Tracking Number:* C11703DBG (REV 10-08)  
*TOI:* H04 Health - Blanket Accident/Sickness      *Sub-TOI:* H04.000 Health - Blanket Accident/Sickness  
*Product Name:* Speciality Markets  
*Project Name/Number:* Excess Benefits /C11703DBG (Rev 10-08)  
Pittsburgh, PA



SERFF Tracking Number: AGDE-126208832 State: Arkansas  
Filing Company: National Union Fire Insurance Company of State Tracking Number: 42946  
Pittsburgh, PA  
Company Tracking Number: C11703DBG (REV 10-08)  
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness  
Product Name: Speciality Markets  
Project Name/Number: Excess Benefits /C11703DBG (Rev 10-08)

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/23/2009	07/23/2009

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Pittsburgh, PA  
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Product Name: Speciality Markets  
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## Disposition

Disposition Date: 07/23/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AGDE-126208832 State: Arkansas  
 Filing Company: National Union Fire Insurance Company of State Tracking Number: 42946  
 Pittsburgh, PA  
 Company Tracking Number: C11703DBG (REV 10-08)  
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<b>Item Type</b>	<b>Item Name</b>	<b>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>	AR NAIC Transmittal	Approved-Closed	Yes
<b>Form</b>	Excess Benefits with Corridor Deductible Rider	Approved-Closed	Yes
<b>Form</b>	Excess Benefits with Integrated Deductible Rider	Approved-Closed	Yes

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 Product Name: Speciality Markets  
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## Form Schedule

Lead Form Number: C11703DBG (Rev. 10/08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	C11703DB G (Rev. 10/08)	Policy/Cont	Excess Benefits with Initial Corridor Deductible Rider	Initial		50	C11703DBG(Rev 10-08) NUFIC.pdf
			Certificate: Amendmen t, Insert Page, Endorseme nt or Rider				
Approved-Closed	C11704DB G (Rev. 10/08)	Policy/Cont	Excess Benefits with Integrated Deductible Rider	Initial		50	C11704DBG(Rev 10-08) NUFIC.pdf
			Certificate: Amendmen t, Insert Page, Endorseme nt or Rider				

# NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 70 Pine Street, New York, NY 10270

(212) 770-7000

(a capital stock company, herein referred to as the Company)

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Policyholder: [ABC Organization]

Policy Number: [XXXXXX]

## EXCESS BENEFITS WITH CORRIDOR DEDUCTIBLE RIDER

This Rider is attached to and made part of the Policy [as of the Policy Effective Date shown in the Policy's Master Application.] effective [Month Day, Year]. It applies only with respect to accidents [and Emergency Sickneses]<sup>1</sup> [and losses of life]<sup>2</sup> that occur on or after that date.] It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

**Excess Benefits with Corridor Deductible.** This Rider applies [after the first [\$100]of incurred expenses] when an Insured has [Accident Medical Expense]<sup>1</sup> coverage (herein called This Plan) under the Policy and health care coverage under one or more other Plans. When there is a basis for a claim under This Plan and another Plan, This Plan is an excess plan which has its benefits determined in excess of the benefits of the other Plan as described below, unless both: (1) the other Plan has coordination or excess benefits rules that require its benefits to be determined in excess of the benefits of This Plan; and (2) This Plan has covered the Insured longer than the other Plan has. When This Plan is an excess plan, the benefits of This Plan for any Allowable Expenses will be reduced when the sum of:

1. the amount, if any, of the [Accident Medical Expense Benefit]<sup>1</sup> Deductible (the Deductible) that would be applied to those Allowable Expenses under This Plan in the absence of this Rider; and
2. the benefits that would be payable for those Allowable Expenses under This Plan in the absence of this Rider; and
3. the benefits that would be payable for those Allowable Expenses under the other Plans in the absence of provisions with a purpose like that of a coordination or excess benefits provision, whether or not claim is made;

exceeds the amount of those Allowable Expenses. In that case, first This Plan's benefits, and next (if necessary) the applied amount of this Plan's Deductible, will be reduced so that This Plan's benefits and applied Deductible amount and the other Plans' benefits do not total more than the amount of those Allowable Expenses.

**Right to Receive and Release Needed Information.** The Company has the right to decide which facts it needs to administer this Rider. It may get needed facts from or give them to any other organization or person. The Company need not tell, or get the consent of, any person to do this. Each person claiming benefits under This Plan must give the Company any facts it needs to pay the claim.

**Facility of Payment and Right of Recovery.** If a payment made under another Plan includes an amount that should have been paid under This Plan, the Company may pay that amount to the organization making that payment. That amount will then be treated as though it were a benefit paid under This Plan. The Company will not have to pay that amount again. The term "payment made" includes providing benefits in the form of services, in which case "payment made" means reasonable cash value of the benefits provided in the form of services. If the amount of the payments made by the Company is more than it should have paid under this Rider, it may recover the excess from the persons it has paid or for whom it has paid, insurance companies or other organizations.

**Plan** - as used in this Rider, means any of the following group, group-type (such as, but not limited to, franchise or blanket), family or individual coverages which provide benefits or services for, or because of, health care [or repatriation of remains]<sup>2</sup>: (1) insurance policies; (2) subscriber contracts; (3) uninsured arrangements; (4) coverage through health maintenance organizations and other prepayment, group practice

C11703DBG (Rev. 10/08)

and individual practice plans; (5) medical benefits coverage in automobile “no-fault” and traditional automobile “fault” type contracts; and (6) coverage under a governmental plan or coverage required or provided by law; but not including: (a) a state plan under Medicaid (Title XIX, Grants to States for Medical Assistance Programs, of the United States Social Security Act, as amended from time to time); or (b) a plan or law when, by law, its benefits are in excess of those of any private insurance plan or other non-governmental plan.

**Allowable Expense** - as used in this Rider, means a necessary, reasonable and customary item of expense for health care<sup>1</sup> or repatriation of remains<sup>2</sup> when the item of expense is covered at least in part by the Policy and is covered at least in part by one or more other Plans covering the Insured. When a Plan provides benefits in the form of services, the reasonable cash value of each service rendered is both an Allowable Expense and a benefit paid, if the reasonable cash value had been charged as the cost for the service and such expense would have been covered at least in part by the Policy.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

# NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 70 Pine Street, New York, NY 10270

(212) 770-7000

(a capital stock company, herein referred to as the Company)

---

Policyholder: [ABC Organization]

Policy Number: [XXXXXX]

## EXCESS BENEFITS [WITH INTEGRATED DEDUCTIBLE]<sup>1</sup> RIDER

This Rider is attached to and made part of the Policy [as of the Policy Effective Date shown in the Policy's Master Application.] [effective [Month Day, Year]. It applies only with respect to accidents [and Emergency Sicknesses]<sup>2</sup> [and losses of life]<sup>3</sup> that occur on or after that date.] It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

**Excess Benefits [with Integrated Deductible]<sup>1</sup>.** This Rider applies [after the first [\$100] of incurred expenses] when an Insured has [Accident Medical Expense]<sup>2</sup> coverage (herein called This Plan) under the Policy and health care coverage under one or more other Plans. When there is a basis for a claim under This Plan and another Plan, This Plan is an excess plan which has its benefits determined in excess of the benefits of the other Plan as described below, unless both: (1) the other Plan has coordination or excess benefits rules that require its benefits to be determined in excess of the benefits of This Plan; and (2) This Plan has covered the Insured longer than the other Plan has. When This Plan is an excess plan, the benefits of This Plan for any Allowable Expenses will be reduced when the sum of:

1. the benefits that would be payable for those Allowable Expenses under This Plan in the absence of this Rider; and
2. the benefits that would be payable for those Allowable Expenses under the other Plans in the absence of provisions with a purpose like that of a coordination or excess benefits provision, whether or not claim is made;

exceeds the amount of those Allowable Expenses. In that case, This Plan's benefits will be reduced so that they and the other Plans' benefits do not total more than the amount of those Allowable Expenses.

**Right to Receive and Release Needed Information.** The Company has the right to decide which facts it needs to administer this Rider. It may get needed facts from or give them to any other organization or person. The Company need not tell, or get the consent of, any person to do this. Each person claiming benefits under This Plan must give the Company any facts it needs to pay the claim.

**Facility of Payment and Right of Recovery.** If a payment made under another Plan includes an amount that should have been paid under This Plan, the Company may pay that amount to the organization making that payment. That amount will then be treated as though it were a benefit paid under This Plan. The Company will not have to pay that amount again. The term "payment made" includes providing benefits in the form of services, in which case "payment made" means reasonable cash value of the benefits provided in the form of services. If the amount of the payments made by the Company is more than it should have paid under this Rider, it may recover the excess from the persons it has paid or for whom it has paid, insurance companies or other organizations.

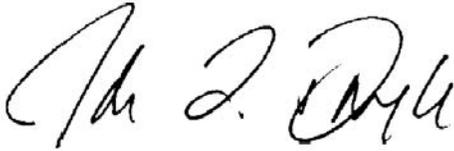
**Plan** - as used in this Rider, means any of the following group, group-type (such as, but not limited to, franchise or blanket), family or individual coverages which provide benefits or services for, or because of, health care [or repatriation of remains]<sup>3</sup>: (1) insurance policies; (2) subscriber contracts; (3) uninsured arrangements; (4) coverage through health maintenance organizations and other prepayment, group practice and individual practice plans; (5) medical benefits coverage in automobile "no-fault" and traditional automobile "fault" type contracts; and (6) coverage under a governmental plan or coverage required or provided by law; but not including: (a) a state plan under Medicaid (Title XIX, Grants to States for Medical Assistance C11704DBG (Rev. 10/08)

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Programs, of the United States Social Security Act, as amended from time to time); or (b) a plan or law when, by law, its benefits are in excess of those of any private insurance plan or other non-governmental plan.

**Allowable Expense** - as used in this Rider, means a necessary, reasonable and customary item of expense for health care [ or repatriation of remains ]<sup>3</sup> when the item of expense is covered at least in part by the Policy and is covered at least in part by one or more other Plans covering the Insured. When a Plan provides benefits in the form of services, the reasonable cash value of each service rendered is both an Allowable Expense and a benefit paid, if the reasonable cash value had been charged as the cost for the service and such expense would have been covered at least in part by the Policy.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

*SERFF Tracking Number:* AGDE-126208832      *State:* Arkansas  
*Filing Company:* National Union Fire Insurance Company of      *State Tracking Number:* 42946  
Pittsburgh, PA  
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*Product Name:* Speciality Markets  
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## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: AGDE-126208832 State: Arkansas  
Filing Company: National Union Fire Insurance Company of State Tracking Number: 42946  
Pittsburgh, PA  
Company Tracking Number: C11703DBG (REV 10-08)  
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Product Name: Speciality Markets  
Project Name/Number: Excess Benefits /C11703DBG (Rev 10-08)

## Supporting Document Schedules

<b>Satisfied -Name:</b> Flesch Certification	<b>Review Status:</b> Approved-Closed	07/23/2009
<b>Comments:</b>		
<b>Attachment:</b> Excess Rider Rev AR Readability.pdf		
<b>Bypassed -Name:</b> Application	<b>Review Status:</b> Approved-Closed	07/23/2009
<b>Bypass Reason:</b> Not applicable as this is not a policy filing.		
<b>Comments:</b>		
<b>Satisfied -Name:</b> AR NAIC Transmittal	<b>Review Status:</b> Approved-Closed	07/23/2009
<b>Comments:</b>		
<b>Attachment:</b> Excess Riders Rev NAIC Transmittal.pdf		

STATE OF ARKANSAS

CERTIFICATION

This is to certify that the attached form number(s) C11703DBG (Rev. 10/08) and C11704DBG (Rev. 10/08) achieved a Flesch Reading Ease score of 50.3 and 50.2 and complies with the requirements of Ark. Stat. Ann. § 23-80-201 through § 23-80-208, cited as the Life and Accident and Health Insurance Policy Language Simplification Act.



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Adam C. Reed Assistant Vice President

## Life, Accident & Health, Annuity, Credit Transmittal Document

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas
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<b>2.</b>	<b>Department Use Only</b>
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	National Union Fire Ins. Co of Pittsburgh, PA 600 King Street Wilmington, DE 19801	Pennsylvania		012	19445	25-0687550	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Penny L. Berry 600 King Street Wilmington, DE 19801	302-594-2414	302-594-4810	penny.berry@aiuholdings.com

<b>5.</b>	<b>Requested Filing Mode</b>	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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<b>6.</b>	<b>Company Tracking Number</b>	C11703DBG (Rev. 10/08)
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<b>7.</b>	<input checked="" type="checkbox"/> <b>New Submission</b> <input type="checkbox"/> <b>Resubmission</b>	Previous file # _____
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<b>8.</b>	<b>Market</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input checked="" type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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<b>9.</b>	<b>Type of Insurance (TOI)</b>	H04 Health-Blanket AS
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<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	H04 Health-Blanket AS
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<b>11.</b>	<b>Submitted Documents</b>	<input checked="" type="checkbox"/> <b>FORMS</b> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input checked="" type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other  <b>Rates</b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____  <b>SUPPORTING DOCUMENTATION</b> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____
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12.	<b>Filing Submission Date</b>	<b>07/16/2009</b>
13.	<b>Filing Fee (If required)</b>	Amount _____ Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	<b>Date of Domiciliary Approval</b>	<b>Not regulated in domicile state of PA therefore not filed</b>
15.	<b>Filing Description:</b>	
	<p>Forms C11703DBG (Rev. 10/08) and C11704DBG (Rev. 10/08) will be used with our Blanket Accident Insurance Policy C11695DBG, which was previously approved by your Department on August 30, 2001. These forms are new and are not intended to replace any existing forms previously approved by your Department.</p> <p>Form C11703DBG (Rev 10-08) is similar to C11703DBG approved in your state on 8/30/01 with the difference being:</p> <ol style="list-style-type: none"> <li>1. in the “<b>Excess Benefits with Corridor Deductible</b>” provision we added “[after the first [\$100]of incurred expenses]”</li> </ol> <p>Form C11704DBG (Rev 10-08) is similar to C11704DBG approved in your state on 8/30/01 with the difference being:</p> <ol style="list-style-type: none"> <li>1. in the “<b>Excess Benefits[ with Integrated Deductible]</b>” provision we added “[after the first [\$100] of incurred expenses]”</li> </ol>	

16.	<b>Certification (If required)</b>	
	<p><b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>	
	Print Name <u><b>Penny L. Berry</b></u>	Title <u><b>Regulatory Analyst</b></u>
	Signature 	Date: <u><b>07/16/2009</b></u>

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>		<b>C11703DBG (Rev. 10/08)</b>
<b>This filing corresponds to rate filing company tracking number</b>		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	<b>Excess Benefits with Corridor Deductible Rider</b>	<b>C11703DBG (Rev. 10/08)</b>	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	<b>Rider</b>			
02	<b>Excess Benefits with Integrated Deductible Rider</b>	<b>C11704DBG (Rev. 10/08)</b>	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	<b>Rider</b>			
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	

LH RFA-1