

SERFF Tracking Number: HUMA-126451591 State: Arkansas
Filing Company: Kanawha Insurance Company State Tracking Number: 44537
Company Tracking Number: AR-EN-10-01
TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
Product Name: Individual Hospital Indemnity
Project Name/Number: Endorsements/AR-EN-10-01

Filing at a Glance

Company: Kanawha Insurance Company

Product Name: Individual Hospital Indemnity SERFF Tr Num: HUMA-126451591 State: Arkansas

TOI: H14I Individual Health - Hospital Indemnity SERFF Status: Closed-Approved- Closed State Tr Num: 44537

Sub-TOI: H14I.000 Health - Hospital Indemnity Co Tr Num: AR-EN-10-01 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Judy Lanning, Cathie Morgan

Disposition Date: 01/12/2010

Date Submitted: 01/12/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Endorsements

Status of Filing in Domicile:

Project Number: AR-EN-10-01

Date Approved in Domicile: 07/28/2009

Requested Filing Mode:

Domicile Status Comments: NA

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 01/12/2010

Explanation for Other Group Market Type:

State Status Changed: 01/12/2010

Deemer Date:

Created By: Judy Lanning

Submitted By: Judy Lanning

Corresponding Filing Tracking Number:

Filing Description:

Kanawha Insurance Company is submitting the above captioned forms for the Department's review and approval. These forms are new and will be used with previously approved Hospital Indemnity Policy Form No.90840 AR approved by the Department on June 2, 2009.

In addition, the endorsement forms are multi-purpose forms and will be used with all of Kanawha's previously approved group and individual health products as well as any group and individual health products which may be approved by the Department in the future.

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The forms are in final print, subject to minor variations in formatting, duplexing, shading and fonts. While every effort is made to submit filings without mistakes, the Company reserves the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noted after filing and approval. The Company will provide you a highlighted copy of any corrections it makes for your records.

Thank you for your attention to this filing. If you should have any questions, please contact me at 502-476-1408. My email address is jlaning@humana.com.

Company and Contact

Filing Contact Information

Judy Lanning, Senior Contract Analyst jlaning@humana.com
 500 W. Main Street 502-580-2114 [Phone]
 Louisville, KY 40201

Filing Company Information

Kanawha Insurance Company CoCode: 65110 State of Domicile: South Carolina
 210 South White Street Group Code: 119 Company Type:
 Lancaster, SC 29721 Group Name: State ID Number:
 (800) 635-4252 ext. [Phone] FEIN Number: 57-0380426

Filing Fees

Fee Required? Yes
 Fee Amount: \$60.00
 Retaliatory? No
 Fee Explanation: 3 endorsement forms X 3 = \$60
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Kanawha Insurance Company	\$60.00	01/12/2010	33462290

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/12/2010	01/12/2010

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Disposition

Disposition Date: 01/12/2010

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	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Conversion Endorsement	Approved-Closed	Yes
Form	Exclusions Endorsement	Approved-Closed	Yes
Form	Home Office Endorsement	Approved-Closed	Yes
Rate	Certification of Compliance Arkansas	Approved-Closed	Yes

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Form Schedule

Lead Form Number: 8374

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 01/12/2010	8374	Certificate	Conversion Amendmen t, Insert Page, Endorseme nt or Rider	Initial			8374 Conversion end.pdf
Approved- Closed 01/12/2010	8375	Certificate	Exclusions Amendmen t, Insert Page, Endorseme nt or Rider	Initial			8375 Exclusions End .pdf
Approved- Closed 01/12/2010	8376	Certificate	Home Office Amendmen t, Insert Page, Endorseme nt or Rider	Initial			8376 Endorsement .pdf

KANAWHA INSURANCE COMPANY

[210 S. WHITE STREET]
[LANCASTER, SC 29720]

[PO BOX 610]
[LANCASTER, SC 29721-0610]

TELEPHONE: [877-378-1505]

ENDORSEMENT TO POLICY

Policy Owner: [John H Smith]

[Insured: [John H Smith]]

Policy Number: [123456789]

[Coverage Type: [Life]]

This Policy has been issued to You as a result of Your having exercised conversion rights contained in the policy under which coverage was previously provided. Therefore, the Date of Policy solely for determining applicability of the Incontestability and Suicide provisions of this Policy shall be [XX/XX/XXXX], which is the [Date of Policy] [Date of Certificate] of the former coverage under policy number [123456789].

This Endorsement is made a part of and attached to Your Policy.

Signed for the Company

[]

[President]

If You have any questions concerning this Endorsement, call Us toll free at [1-877-378-1505].

KANAWHA INSURANCE COMPANY

[210 S. WHITE STREET]
[LANCASTER, SC 29720]

[PO BOX 610]
[LANCASTER, SC 29721-0610]

TELEPHONE: [877-378-1505]

ENDORSEMENT TO POLICY

[Policy Owner] [Applicant]: [John H Smith]

Policy Number: [123456789]

[Coverage Type: [Life]]

[Endorsement Mailing Date: [XX/XX/XXXX]]

Upon considering your Application, we regretfully are unable to issue the coverage as requested; however, we are able to issue modified coverage that includes the Exclusion(s) stated below:

EXCLUSIONS FROM COVERAGE

[[John H Smith] is excluded from coverage under this Policy.] [Coverage for [John H Smith] excludes []]. No Benefits are provided by this Policy for [John H Smith][.] [for] [].] Any future policy issued in exercise of any conversion right in this Policy will be on the same rate classification as this Policy and will include these Exclusions.

This Endorsement adds the Exclusions stated above to the Policy. This Endorsement is made a part of and attached to the Policy. [This Endorsement changes the Date of Policy and coverage effective date to the date We receive a signed copy of this Endorsement.]

Signed for the Company



[]

[President]

[If you wish to accept coverage as modified, please check the "I Accept Coverage as Modified" box below, sign and date this Endorsement and return to the Home Office within [30] days. This Endorsement will be made a part of the Policy.

I Accept Coverage as Modified

Policy Owner/Applicant - Signature Date

If you wish to decline our offer of modified coverage, please check the "I Decline Coverage" box below, sign and date this Endorsement and return to the Home Office within [30] days. By declining, you acknowledge that no policy will be issued and no coverage will be made effective. Any premiums submitted will be returned.

I Decline Coverage

Applicant - Signature Date]

If you have any questions concerning this Endorsement, call us toll free at [1-877-378-1505].

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[LANCASTER, SC 29720]

[PO BOX 610]
[LANCASTER, SC 29721-0610]

TELEPHONE: [877-378-1505]

ENDORSEMENT TO [POLICY] [CERTIFICATE]

[Applicant] [Enrollee] [Policy Owner]: [John H Smith]

[Policy] [Certificate] Number: [123456789]

[Coverage Type: [Life]]

[Endorsement Mailing Date: [XX/XX/XXXX]]

You applied for coverage with Kanawha Insurance Company. Upon considering your application, we regretfully are unable to issue the coverage as requested; however, we are able to issue modified coverage that includes the changes stated below:

[Annual Premium amount adjusted to \$[X,XXX].] [(Your Premium may change later, see [Policy] [Certificate] for additional information.)] [Any future policy issued in exercise of any conversion right will be on the same rate classification as this [Policy] [Certificate].]

[Mode Premium changed to [monthly].]

[[Date of Policy] [Date of Certificate] changed to [XX/XX/XXXX].]

[Face Amount changed to \$[XX,XXX].]

[Waiver of Premium] Benefit deleted.]

[Waiver of Premium] Rider deleted.]

[Accidental Death and Dismemberment] Benefit Amount adjusted to \$[XX,XXX].]

[Other: [].]

This Endorsement makes the changes stated above to the [Policy] [Certificate]. This Endorsement is made a part of and attached to the [Policy] [Certificate].

Signed for the Company.

[]
[President]

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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 01/12/2010	Certification of Compliance Arkansas		Other	Previous State Filing Number: Rate Action Other Explanation:	SKML-126108237 Filed & Appv on 6/2/2009

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification Bypass Reason: Previously submitted and approved 6/2/2009 SKML-126108237 Comments:	Approved-Closed	01/12/2010

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Previously submitted and approved 6/2/2009 SKML-126108237 Comments:	Approved-Closed	01/12/2010

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification Bypass Reason: Previously submitted and approved 6/2/2009 SKML-126108237 Comments:	Approved-Closed	01/12/2010

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage Bypass Reason: Previously submitted and approved 6/2/2009 SKML-126108237 Comments:	Approved-Closed	01/12/2010