

<i>SERFF Tracking Number:</i>	<i>HUMA-126452844</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Kanawha Insurance Company</i>	<i>State Tracking Number:</i>	<i>44555</i>
<i>Company Tracking Number:</i>	<i>AR KMG ENDORSEMENT 2010</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>AR KMG Endorsement 2010</i>		
<i>Project Name/Number:</i>	<i>AR KMG Endorsement 2010/AR KMG Endorsement 2010</i>		

## Filing at a Glance

Company: Kanawha Insurance Company

Product Name: AR KMG Endorsement 2010

TOI: L071 Individual Life - Whole

Sub-TOI: L071.101 Fixed/Indeterminate

Premium - Single Life

Filing Type: Form

SERFF Tr Num: HUMA-126452844 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 44555

Co Tr Num: AR KMG

ENDORSEMENT 2010

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Antoine Stewart, John  
Goodwin

Disposition Date: 01/15/2010

Date Submitted: 01/13/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

## General Information

Project Name: AR KMG Endorsement 2010

Project Number: AR KMG Endorsement 2010

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/15/2010

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 01/15/2010

Created By: John Goodwin

Corresponding Filing Tracking Number: AR  
KMG Endorsement 2010

Deemer Date:

Submitted By: John Goodwin

Filing Description:

Cover letter is attached under the Supporting Documentation tab.

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: HUMA-126452844 State: Arkansas  
 Filing Company: Kanawha Insurance Company State Tracking Number: 44555  
 Company Tracking Number: AR KMG ENDORSEMENT 2010  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: AR KMG Endorsement 2010  
 Project Name/Number: AR KMG Endorsement 2010/AR KMG Endorsement 2010

John Goodwin, Senior Compliance Analyst jgoodwin@compbenefits.com  
 100 Mansell Court E. 770-998-8936 [Phone] 88065 [Ext]  
 Suite 400  
 Roswell, GA 30076

**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

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$60.00  
 Retaliatory? No  
 Fee Explanation: 3 forms x 20.=60.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Kanawha Insurance Company	\$60.00	01/13/2010	33487143
Kanawha Insurance Company	\$90.00	01/14/2010	33531671

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/15/2010	01/15/2010

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	01/14/2010	01/14/2010	John Goodwin	01/14/2010	01/14/2010

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*Project Name/Number:* AR KMG Endorsement 2010/AR KMG Endorsement 2010

## **Disposition**

Disposition Date: 01/15/2010

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		No
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	Cover Letter		Yes
<b>Form</b>	Conversion Endorsement		Yes
<b>Form</b>	Exclusions Endorsement		Yes
<b>Form</b>	Home Office Endorsement		Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 01/14/2010  
Submitted Date 01/14/2010  
Respond By Date 02/15/2010

Dear John Goodwin,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Please be advised Arkansas Rule and Regulation 57 for Arkansas filing fees was updated effective January 1, 2010. The new filing fee for an endorsement is \$50.00 per form. If retaliatory fee is greater than Arkansas, then pay the greater fee.

Ark. Code Ann. 23-80-206 requires a readability certification.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 01/14/2010  
Submitted Date 01/14/2010

Dear Linda Bird,

### Comments:

Thank you for the information.

### Response 1

Comments: We have sent an additional \$90. for the correct filing fee via EFT.

### Related Objection 1

Comment:

Please be advised Arkansas Rule and Regulation 57 for Arkansas filing fees was updated effective January 1, 2010. The new filing fee for an endorsement is \$50.00 per form. If retaliatory fee is greater than Arkansas, then pay the greater fee.

Ark. Code Ann. 23-80-206 requires a readability certification.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Antoine Stewart, John Goodwin

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## Form Schedule

Lead Form Number: 8374

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	8374	Policy/Cont Conversion ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			8374 Conversion end.pdf
	8375	Policy/Cont Exclusions ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			8375- Exclusions Endorsement. pdf
	8376	Policy/Cont Home Office ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			8376- Home Office 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

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Policy Owner: [John H Smith]

[Insured: [John H Smith]]

Policy Number: [123456789]

[Coverage Type: [Life]]

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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].

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# 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].

# KANAWHA INSURANCE COMPANY

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

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

TELEPHONE: [877-378-1505]

## ENDORSEMENT TO [POLICY] [CERTIFICATE]

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

[Policy] [Certificate] Number: [123456789]

[Coverage Type: [Life]]

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

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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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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Flesch Certification <b>Bypass Reason:</b> N/A <b>Comments:</b>		
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> N/A <b>Comments:</b>		
<b>Bypassed - Item:</b> Life & Annuity - Acturial Memo <b>Bypass Reason:</b> N/A <b>Comments:</b>		
<b>Satisfied - Item:</b> Cover Letter <b>Comments:</b> <b>Attachment:</b> AR Endorsement Cover Letter.pdf		

January 13, 2010

Commissioner  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201

RE: Kanawha Insurance Company  
Conversion Endorsement- Form No. 8374  
Exclusions Endorsement- Form No. 8375  
Home Office Endorsement- Form No. 8376

Dear Commissioner:

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 Secure Life product (Form No. 00455 et. seq.) approved by the Department on 09/22/2006.

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

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.

This filing is a "Forms Only" filing. The above referenced forms are new and do not replace any previously approved forms. There is no rate impact as a result of this form filing.

Thank you for your attention to this filing. If you should have any questions, please contact me at 770.998.8936 Ext. 88065. My email address is [jgoodwin5@humana.com](mailto:jgoodwin5@humana.com).

Sincerely,  
John Goodwin  
Analyst