

SERFF Tracking Number: CELT-126482585 State: Arkansas
Filing Company: Celtic Insurance Company State Tracking Number: 44738
Company Tracking Number:
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other
Product Name: Face Page Notification
Project Name/Number: /

Filing at a Glance

Company: Celtic Insurance Company
Product Name: Face Page Notification
TOI: H16I Individual Health - Major Medical
Sub-TOI: H16I.005C Individual - Other
Filing Type: Form
Implementation Date Requested: On Approval
State Filing Description:

SERFF Tr Num: CELT-126482585 State: Arkansas
SERFF Status: Closed-Filed-Closed State Tr Num: 44738
Co Tr Num: State Status: Approved-Closed
Reviewer(s): Rosalind Minor
Author: Daniel Martinez Disposition Date: 02/03/2010
Date Submitted: 02/01/2010 Disposition Status: Filed-Closed
Implementation Date:

General Information

Project Name:
Project Number:
Requested Filing Mode: Informational
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 02/03/2010
Deemer Date:
Submitted By: Daniel Martinez
Filing Description:
See cover letter.

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: 02/03/2010
Created By: Daniel Martinez
Corresponding Filing Tracking Number:

Company and Contact

Filing Contact Information

Daniel Martinez, Contract Analyst
233 S. Wacker Dr. Suite 700
Chicago, IL 60606-6393

dmartinez@celtic-net.com
312-332-8387 [Phone]
312-441-0822 [FAX]

Filing Company Information

Celtic Insurance Company CoCode: 80799 State of Domicile: Illinois

SERFF Tracking Number: CELT-126482585 State: Arkansas
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Sears Tower Group Code: Company Type: LAH
233 South Wacker Drive, Suite 700 Group Name: State ID Number:
Chicago, IL 60606 FEIN Number: 06-0641618
(312) 332-5401 ext. [Phone]

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Celtic Insurance Company	\$0.00	02/01/2010	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Rosalind Minor	02/03/2010	02/03/2010

SERFF Tracking Number: *CELT-126482585* *State:* *Arkansas*
Filing Company: *Celtic Insurance Company* *State Tracking Number:* *44738*
Company Tracking Number:
TOI: *H16I Individual Health - Major Medical* *Sub-TOI:* *H16I.005C Individual - Other*
Product Name: *Face Page Notification*
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Disposition

Disposition Date: 02/03/2010

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *CELT-126482585* State: *Arkansas*
 Filing Company: *Celtic Insurance Company* State Tracking Number: *44738*
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Filed-Closed	Yes
Supporting Document	Application	Filed-Closed	Yes
Supporting Document	Health - Actuarial Justification	Filed-Closed	Yes
Supporting Document	Outline of Coverage	Filed-Closed	Yes
Supporting Document	Cover Letter	Filed-Closed	Yes
Form	Face Page Notification	Filed-Closed	Yes

SERFF Tracking Number: *CELT-126482585* State: *Arkansas*
 Filing Company: *Celtic Insurance Company* State Tracking Number: *44738*
 Company Tracking Number:
 TOI: *H161 Individual Health - Major Medical* Sub-TOI: *H161.005C Individual - Other*
 Product Name: *Face Page Notification*
 Project Name/Number: */*

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed 02/03/2010		Other	Face Page Notification	Initial			Facepage-BlakeAWesterfield-Individual.pdf

CELTIC INSURANCE COMPANY

Home Office: 233 South Wacker Drive, Chicago, Illinois 60606-6393

Major Medical Expense Policy

The *policy* is underwritten by *us*, Celtic Insurance Company. *We* will pay *benefits* to *you*, the *insured person*, for covered loss due to *sickness* or *bodily injury* as outlined in this *policy*. *Benefits* are subject to *policy* definitions, provisions, limitations and exceptions. *We* reserve the full and exclusive right to interpret the terms of this *policy* and to determine the *benefits* payable hereunder.

Renewability: This *policy* is renewable at the option of the *insured person* except in the case of non-payment of premium, fraud or termination of the coverage for all *insured persons* in *your* State.

TEN DAY RIGHT TO RETURN POLICY

Please read your *policy* carefully. If you are not satisfied, return this *policy* to us or to our agent within 10 days after you receive it. All premiums paid will be refunded, less any *benefits* paid, and the *policy* will be considered null and void from the effective date.

CONSIDERATION

We issued this *policy* in consideration of the application and the payment of the first premium. A copy of *your* application is attached and is made a part of the *policy*.

[Celtic Insurance Company

A handwritten signature in black ink that reads "Blake A. Westerfield". The signature is written in a cursive style with a prominent flourish at the end.

Blake A. Westerfield
Chief Operating Officer]

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Filed-Closed	02/03/2010
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application	Filed-Closed	02/03/2010
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Filed-Closed	02/03/2010
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Filed-Closed	02/03/2010
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Filed-Closed	02/03/2010
Comments:	Attached is the cover letter.		
Attachment:	CoverLetter.pdf		

CELTIC

Celtic Insurance Company

Sears Tower
233 South Wacker Drive, Suite 700
Chicago, Illinois 60606-6393
312-332-5401

February 2, 2010

NAIC # 80799
FEIN # 06-0641618

Mr. Jay Bradford
Commissioner of Insurance
Arkansas Department of Insurance
1200 West 3rd Street
Little Rock, AR 72201-1904

RE: Face Page/Signature Change Notification

Dear Mr. Bradford,

This letter is to inform the Department of a change to the Chief Operating Officer for Celtic Insurance Company. This change affects the signature on the face page of our policy forms. Celtic certifies there have been no other changes made to the policy provisions in the forms previously filed and approved with the Department. The effective date of this change is March 1, 2010.

A sample copy of a face page with the new officer's signature is enclosed. The Name and signature will reflect:

Blake A. Westerfield, Chief Operating Officer

If you have any questions or require additional information regarding this submission, please contact me at the number listed below.

Sincerely,



Daniel Martinez
Contract Analyst
Celtic Insurance Company
312-332-8387
312-441-0822 – Fax
dmartinez@celtic-net.com