

SERFF Tracking Number: HUMA-126491233 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 44795
Company Tracking Number: AR-10-001 LIFE AMEND
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
Product Name: AR-10-001 LIFE AMEND
Project Name/Number: AR-10-001 LIFE AMEND/AR-10-001 LIFE AMEND

Filing at a Glance

Company: Humana Insurance Company
Product Name: AR-10-001 LIFE AMEND
TOI: L04I Individual Life - Term

Sub-TOI: L04I.500 Other

Filing Type: Form

Implementation Date Requested:
State Filing Description:

SERFF Tr Num: HUMA-126491233 State: Arkansas
SERFF Status: Closed-Approved- State Tr Num: 44795
Closed
Co Tr Num: AR-10-001 LIFE State Status: Approved-Closed
AMEND
Reviewer(s): Linda Bird
Authors: Erin Hermsen, Paula Disposition Date: 02/16/2010
Konop, Tina Huettl, Christi Conrad
Date Submitted: 02/05/2010 Disposition Status: Approved-
Closed
Implementation Date:

General Information

Project Name: AR-10-001 LIFE AMEND
Project Number: AR-10-001 LIFE AMEND
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 02/16/2010

Deemer Date:
Submitted By: Christi Conrad
Filing Description:
RE: INDIVIDUAL LIFE INSURANCE FORMS FILING
HUMANA INSURANCE COMPANY
NAIC #119-73288

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: 02/16/2010
Created By: Christi Conrad
Corresponding Filing Tracking Number:

FORM: GN-70136 DEP 10/09

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We respectfully submit for approval the enclosed amendment. This form is amending the definition of dependent.

To the best of our knowledge, we believe the enclosed forms satisfy the minimum requirements of applicable Arkansas statutes and regulations.

If you have any questions regarding this filing, please contact me by phone at 1-800-558-4444, extension 3765, or by e-mail at cconrad@humana.com

Sincerely,
 HUMANA INSURANCE COMPANY

Christi Conrad
 Compliance Analyst

Company and Contact

Filing Contact Information

Christi Conrad, Specialty Benefits Compliance cconrad@humana.com
 Specialist
 325 Reid St. 920-337-3765 [Phone]
 De Pere, WI 54115

Filing Company Information

Humana Insurance Company	CoCode: 73288	State of Domicile: Wisconsin
1100 Employers Boulevard	Group Code: 119	Company Type: Life & Health
Green Bay, WI 54344	Group Name:	State ID Number:
(800) 558-4444 ext. [Phone]	FEIN Number: 39-1263473	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	\$50.00 per amendment
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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SERFF Tracking Number: HUMA-126491233 State: Arkansas
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Company Tracking Number: AR-10-001 LIFE AMEND
TOI: L041 Individual Life - Term Sub-TOI: L041.500 Other
Product Name: AR-10-001 LIFE AMEND
Project Name/Number: AR-10-001 LIFE AMEND/AR-10-001 LIFE AMEND
Humana Insurance Company \$50.00 02/05/2010 34019890

SERFF Tracking Number: HUMA-126491233 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/16/2010	02/16/2010

SERFF Tracking Number: HUMA-126491233 *State:* Arkansas
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Disposition

Disposition Date: 02/16/2010

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		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Amendment		Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GN-70136	Certificate	Amendment	Initial			P-GN Child
	DEP 10/09	Amendmen	t, Insert				Rider 10-
			Page,				09.pdf
			Endorseme				
			nt or Rider				

SUPPLEMENTAL BENEFIT CHILDREN'S TERM INSURANCE RIDER

HUMANA INSURANCE COMPANY

[Policy number:] [John Doe]

[Owner:] [xxxxxxx]

[Insured:] [xxxxxxx]

[Effective date:] [xxxxxxxxx]

[Pay-out amount [per child]:] [xxxxxxxxx]

This benefit rider is attached to and made a part of *your policy*. All *policy* terms, conditions and limitations of the *policy*, which are not inconsistent with this rider, that apply to the *insured* also apply to the *covered dependent child*.

Definition

Covered dependent child means the *insured's* natural or adopted child, who is age [30] [days] to [19-30] years.

An adopted child will become a *covered dependent child* at the later of age [30] [days] or the date of legal adoption. A dependent child is eligible to apply if he or she is under the age of [25].

Benefits

The Dependent Child Term Life Insurance Benefit will be paid to the beneficiary if the *covered dependent child's* death occurred while insured for this benefit.

Dependent Child Term Life Insurance has no cash surrender or loan values.

Beneficiary

The beneficiary of this rider is the *insured*, if living. Otherwise, the beneficiary is the estate

of the *covered dependent child*.

Suicide exclusion

In the event of death by suicide, whether sane or insane, within the first two years of the *covered dependent child's* effective date under this provision, benefits will be limited to the premium paid for this Dependent Child Term Life Insurance.

Termination

This benefit rider terminates on the earliest of the following:

- [The first *policy anniversary date* on or after the *insured's* [65th] birthday]; [or]
- [The date the *policy* is terminated for any reason];[or]
- [The date *we* receive a written request from *you* to terminate this rider or this *policy*].

**SUPPLEMENTAL BENEFIT
CHILDREN'S TERM INSURANCE RIDER**

Coverage discontinuance

Benefits under this rider terminate for a *covered dependent child* on the child's [19th-31st] birthday.

[



Michael B. McCallister
President

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: Flesch Score 2-2010.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: Applications: Form number- AR-71000-et al. Date of approval 10/24/2005.		

TO: State of Arkansas
Office of the Commissioner of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Form: GN-70136 DEP 10/09

CERTIFICATION OF COMPLIANCE
Arkansas Rule and Regulation 19

I, Gerald L. Ganoni, an officer of Humana Insurance Company, hereby certify that I have authority to bind and obligate the company by the filing of this form. I further certify that, to the best of my knowledge, information and belief:

- (a) The accompanying form as identified above does comply with all applicable provisions of the Arkansas Rule and Regulation 19; and
- (b) The form does meet the Flesch reading ease test for a score of 40 for all applicable policies, certificates and certificate riders unless the Commissioner of Insurance of the State of Arkansas requires a lower score;



Gerald L. Ganoni, President

2/5/2010
Date

Individual responsible for this filing:

Christi Conrad
Humana Insurance Company
Green Bay, WI 54344
Telephone 1-800-558-4444, Ext.3765
E-mail: cconrad@humana.com