

<i>SERFF Tracking Number:</i>	<i>HUMA-126625776</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Humana Insurance Company</i>	<i>State Tracking Number:</i>	<i>45648</i>
<i>Company Tracking Number:</i>	<i>AR-70136 COVER</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.500 Other</i>
<i>Product Name:</i>	<i>Individual Life</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Humana Insurance Company

Product Name: Individual Life

TOI: L04I Individual Life - Term

Sub-TOI: L04I.500 Other

Filing Type: Form

SERFF Tr Num: HUMA-126625776 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 45648

Co Tr Num: AR-70136 COVER

State Status: Approved-Closed

Authors: Erin Hermsen, Antoine  
Stewart

Reviewer(s): Linda Bird

Disposition Date: 05/13/2010

Date Submitted: 05/12/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/13/2010

Explanation for Other Group Market Type:

State Status Changed: 05/13/2010

Deemer Date:

Created By: Antoine Stewart

Submitted By: Antoine Stewart

Corresponding Filing Tracking Number:

Filing Description:

Attached please find the cover page to the individual life policy (Form No. AR-70136 COVER) for the Department's review and approval. The new form replaces Form No. GN-70136 COVER, previously approved by the Department on September 3, 2002. The form has been revised to update the "Right to Cancel Policy" section to comply with Arkansas Regulation 97.

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: HUMA-126625776 State: Arkansas  
Filing Company: Humana Insurance Company State Tracking Number: 45648  
Company Tracking Number: AR-70136 COVER  
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other  
Product Name: Individual Life  
Project Name/Number: /

Antoine Stewart, Legal & Governmental antoine.stewart@compbenefits.com  
Relations Manager  
100 Mansell Court E. 770-998-8936 [Phone] 88471 [Ext]  
Suite 400  
Roswell, GA 30076

**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

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**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$0.00	05/12/2010	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/13/2010	05/13/2010

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*Company Tracking Number:* AR-70136 COVER  
*TOI:* L04I Individual Life - Term      *Sub-TOI:* L04I.500 Other  
*Product Name:* Individual Life  
*Project Name/Number:* /

## **Disposition**

Disposition Date: 05/13/2010

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	Policy Cover Page		Yes

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## Form Schedule

**Lead Form Number: AR-70136 COVER**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AR-70136 COVER	Policy Jacket	Policy Cover Page	Initial			A-AR Cover.pdf



Humana Insurance Company [1100 Employers Boulevard,] [Green Bay,] [WI] [54344]  
Administrative Office [1100 Employers Boulevard,] [Green Bay,] [WI] [54344], [1-800-558-4444]

**[TWENTY] [FIFTEEN] [TEN] YEAR TERM LIFE INSURANCE**

Policy number: [ ]  
Owner: [ ]

**READ YOUR POLICY CAREFULLY**

This policy is a legal contract between HUMANA INSURANCE COMPANY, (referred to as “insurer” or “we”, “us” or “our”) and the *policy owner* (referred to as “owner”, “you” or “your”).

We agree, subject to all the terms and provisions of this *policy*, to pay proceeds as described herein with respect to each *insured* under this *policy*.

This *policy* is issued in consideration of the application and any amendment or supplementary applications, copies of which are to be attached and made part of this *policy*, and timely payment of premiums as provided under this *policy*.

This *policy* and the insurance it provides become effective at 12:01 A.M. (Standard Time in the *insured’s* area) of the *issue date*. This *policy* and the insurance it provides terminate at 12:00 Midnight (Standard Time in the *insured’s* area) of the date of termination. The provisions stated above and on the following pages are part of this *policy*.

**DEATH BENEFIT**

Subject to the terms of this *policy*, a death benefit will be paid to the beneficiary named by the *owner*. Payment will be made when we receive written proof the *insured’s* death occurred while this *policy* was in force.

**RIGHT TO CANCEL POLICY**

If *you* are not satisfied with this *policy*, please return it to us within 30 calendar days of receipt to receive a full refund. If this *policy* is cancelled, coverage will be void, as if it had never existed.

Signed for the Insurer by:

[  
  
Michael B. McCallister  
President

] Individual Term Life Insurance Policy  
Insurance Payable at Death of the Insured Prior to Policy Expiration Date  
Premiums Payable While the Insured is Alive and Prior to Policy Expiration Date  
Nonparticipating – No Dividends

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> Flesch Cert.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Application <b>Comments:</b> The Application, Form No. AR-70137, was approved by the Department on September 3, 2002.		

**HUMANA INSURANCE COMPANY  
STATE OF ARKANSAS  
FLESCH READING EASE CERTIFICATION**

I, Michael B. McCallister, President of Humana Insurance Company, certify that Form No. AR-70136 COVER et. al. meet the minimum reading ease score as required by §23-80-206.



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Michael B. McCallister  
President

May 12, 2010  
Date