

SERFF Tracking Number: AFLA-126760446 State: Arkansas
Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 46426
Company Tracking Number: A-13401-2
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: Cancer - Rate Increase
Project Name/Number: /

Filing at a Glance

Company: American Family Life Assurance Company of Columbus

Product Name: Cancer - Rate Increase SERFF Tr Num: AFLA-126760446 State: Arkansas
TOI: H071 Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed-Approved- Closed State Tr Num: 46426
Sub-TOI: H071.002A Dread Disease - Cancer Only Co Tr Num: A-13401-2 State Status: Approved-Closed
Filing Type: Rate Reviewer(s): Rosalind Minor
Authors: Otis Robinson, Eve Black, Bridget Berryman Disposition Date: 08/13/2010
Date Submitted: 08/09/2010 Disposition Status: Approved-Closed
Implementation Date Requested: On Approval 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: 12% Group Market Type:
Filing Status Changed: 08/13/2010 Explanation for Other Group Market Type:
State Status Changed: 08/13/2010
Deemer Date: Created By: Bridget Berryman
Submitted By: Bridget Berryman Corresponding Filing Tracking Number:
Filing Description:
RE: Actuarial Memorandum for Cancer Policy Form A-13401-2

This submission constitutes a request for a rate increase for the policy form referenced above, which provides supplemental coverage for the costs associated with the occurrence of cancer.

SERFF Tracking Number: AFLA-126760446 State: Arkansas
 Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 46426
 Company Tracking Number: A-13401-2
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: Cancer - Rate Increase
 Project Name/Number: /

Enclosed is an actuarial memorandum providing the necessary information for justifying the request, as well as the original approval date of the policy form involved, and current and proposed premiums.

Company and Contact

Filing Contact Information

Bridget Berryman, Policy Analyst bberryman@aflac.com
 1932 Wynnton Road 706-660-7132 [Phone]
 Columbus, GA 31999 706-660-7080 [FAX]

Filing Company Information

American Family Life Assurance Company of Columbus CoCode: 60380 State of Domicile: Nebraska
 1932 Wynnton Road Group Code: Company Type: Life and Health
 Columbus, GA 31999 Group Name: State ID Number:
 (706) 323-3431 ext. [Phone] FEIN Number: 58-0663085

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 per rate filing.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Family Life Assurance Company of Columbus	\$50.00	08/09/2010	38605869

SERFF Tracking Number: AFLA-126760446 State: Arkansas
Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 46426
Company Tracking Number: A-13401-2
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: Cancer - Rate Increase
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/13/2010	08/13/2010

SERFF Tracking Number: AFLA-126760446 State: Arkansas
Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 46426
Company Tracking Number: A-13401-2
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: Cancer - Rate Increase
Project Name/Number: /

Disposition

Disposition Date: 08/13/2010

Implementation Date:

Status: Approved-Closed

Comment:

We have approved your request of a 12% level rate increase on this submission. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval.

Rate data does NOT apply to filing.

SERFF Tracking Number: AFLA-126760446 State: Arkansas
Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 46426
Company Tracking Number: A-13401-2
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: Cancer - Rate Increase
Project Name/Number: /

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Fee Certification	Approved-Closed	08/13/2010
Comments:			
Attachment:			
AR FEECERT.pdf			

**ARKANSAS
INSURANCE
DEPARTMENT**

400 University Tower Building
1123 South University Avenue
Little Rock, Arkansas 72204
501-686-2900

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS
(Aflac)

Company NAIC Code: 60380

Company Contact Person & Telephone # Bridget Berryman 706-660-7132

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LINE OF
BUSINESS, UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing. * x \$50 =
** Retaliatory

Life and/or Disability – Filing and review of each rate filing or loss ration guarantee filing, per each insurer. * 1 x \$50 = 50.00
** Retaliatory

Life and/or Disability Policy, Contract or annuity Forms: Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form. * x \$20 =
** Retaliatory

Policy and contract forms, all lines, filing corrections in previously filed policy and contract forms. * x \$20 =
** Retaliatory

Life and/or Disability: Filing and review of insurer's advertisements, per advertisement, per each insurer. * x \$25 =
** Retaliatory

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority * _____ x \$400 = _____

Filing to amend Certificate of Authority *** _____ x \$100 = _____

* THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.

*** THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. § 23-61-401.