

SERFF Tracking Number: MWSG-126744276 State: Arkansas
Filing Company: AMEX Assurance Company State Tracking Number: 46359
Company Tracking Number: AETI-BIC-EF 6/10
TOI: H19G Group Health - Travel Sub-TOI: H19G.000 Health - Travel
Product Name: American Express Travel Web Enrollment Form
Project Name/Number: /

Filing at a Glance

Company: AMEX Assurance Company

Product Name: American Express Travel Web Enrollment Form SERFF Tr Num: MWSG-126744276 State: Arkansas

TOI: H19G Group Health - Travel SERFF Status: Closed-Approved-Closed State Tr Num: 46359

Sub-TOI: H19G.000 Health - Travel Co Tr Num: AETI-BIC-EF 6/10 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor

Author: June Stracener Disposition Date: 08/09/2010
Date Submitted: 07/29/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
State Filing Description:

Implementation Date:

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Large
Overall Rate Impact: Group Market Type: Discretionary
Filing Status Changed: 08/09/2010 Explanation for Other Group Market Type:
State Status Changed: 08/09/2010

Deemer Date: Created By: June Stracener
Submitted By: June Stracener Corresponding Filing Tracking Number:

Filing Description:

AMEX Assurance Company

NAIC #: 27928; FEIN: 36-2760101

Group Health Travel Form Filing

"American Express Travel Insurance"

Company File Number: AETI-BCI-EF 6/10

- Enrollment Form (Form No. AETI-BCI-EF 6/10)

On behalf of AMEX Assurance Company (the "Company"), we respectfully submit the above-referenced form for your

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review and approval. This form replaces Form Nos. 2009 AETI WEB and 2009 AETI ANNUAL WEB, which were approved by your Department as part of the American Express Travel Insurance filing ("AETI") on April 26, 2010 (see SERFF Tracking No. MWSG-126380599).

In addition, form AETI-BCI-EF 6/10 may be used as a web enrollment form in relation to the American Express Car Rental Insurance ("AECRI") forms approved by the Department on April 20, 2010 (see SERFF Tracking No. MWSG-126568658). The Description of Variable Material submitted with this form AETI-BCI-EF 6/10 explains how the form is used in relation to the AETI and AECRI coverages. The form will not replace any forms from the AECRI filing. If there are any additional submissions that the Company needs to make because the form also will be used with AECRI, please let us know.

Descriptions of the types of coverages to be offered through the AETI and AECRI programs are contained in the respective cover letters accompanying each filing.

The captioned form will be used under Master Group Policy AX0126 (the "Policy") issued to AMEX Assurance Travel Group Trust (the "Master Policyholder"). The group is situated in Rhode Island, and the Policy was approved in that state on February 26, 2002.

Company and Contact

Filing Contact Information

Chuck Cliett, Attorney ccliett@mvlaw.com
425 West Capitol Avenue 501-688-8819 [Phone]
Suite 1800 501-918-7819 [FAX]
Little Rock, AR 72201-3525

Filing Company Information

(This filing was made by a third party - MWSGW01)

AMEX Assurance Company	CoCode: 27928	State of Domicile: Illinois
19640 N. 31st Avenue	Group Code:	Company Type: Property/Casualty
Mail Code 180219	Group Name:	State ID Number:
Phoenix, AZ 85027	FEIN Number: 36-2760101	
(800) 618-8441 ext. [Phone]		

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00

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Retaliatory? No
Fee Explanation: AR charges \$ 50/filing.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AMEX Assurance Company	\$50.00	07/29/2010	38392955

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/09/2010	08/09/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Cover Letter dated 7-29-10	June Stracener	07/30/2010	07/30/2010

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Disposition

Disposition Date: 08/09/2010

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	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Supporting Document	Authorization Letter	Approved-Closed	Yes
Supporting Document	Explanatory Memorandum	Approved-Closed	Yes
Supporting Document	Certification of Compliance	Approved-Closed	Yes
Supporting Document (revised)	Cover Letter dated 7-29-10	Approved-Closed	Yes
Supporting Document	Cover Letter dated 7-29-10	Replaced	Yes
Form	Enrollment Form	Approved-Closed	Yes

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Amendment Letter

Submitted Date: 07/30/2010

Comments:

The cover letter has been revised to correct a few typographical errors.

Thank you for your courtesy and assistance in the review of this filing.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Cover Letter dated 7-29-10

Comment:

AR Cover Letter dated 7-29-10.pdf

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Form Schedule

Lead Form Number: AETI-BCI-EF 6/10

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/09/2010	AETI-BIC- EF 6/10	Application/ Enrollment Form Enrollment Form	Revised	Replaced Form #: 2009 AETI WEB and 2009 AETI ANNUAL WEB Previous Filing #: MWSG-126380599	51.800	Web Enrollment Form AETI- BIC-EF 6- 10.pdf



Google

AMERICAN EXPRESS TRAVEL INSURANCE

Underwritten by AMEX Assurance Company, an American Express Company



- [Make a Claim](#)
- [Contact Us](#)
- [Agent Log In](#)
- [Coverage Document](#)

- [Return Home](#)
- [Print this page](#)
- [Email this page](#)

Travel Details

- Information
- Payment
- Confirmation
- Thank You

▶ Your Coverage Selection: [Gold Coverage for 2 travelers — \$650]

COVERED PERSONS

	First Name	Middle Name	Last Name	Date of Birth	Trip Cost
Covered Person [1]:	<input type="text" value="John"/>	<input type="text" value="M"/>	<input type="text" value="Doe"/>	<input type="text" value="10/10/1977"/>	\$ <input type="text"/>
Covered Person 2:	<input type="text" value="Jane"/>	<input type="text" value="M"/>	<input type="text" value="Doe"/>	<input type="text" value="<6/27/1981"/>	\$ <input type="text"/>

[Add another traveler](#)
 [(Up to 8 additional Covered Persons)]

Total Trip Cost: \$

State of Residence: [?](#)

HOME ADDRESS

Purchaser's Name:

Street Address 1:

Street Address 2:

City:

State:

Zip:

TRIP INFORMATION

All fields are required, unless otherwise noted.

Departure Date: Return Date:

Destination County:

Date of First Trip Payment:

CANCEL

CONTINUE

Need Help?

Choose a Topic

View all FAQs



Return Home Print this page Email this page

Payment

Information Payment Confirmation Thank You

Your Coverage Selection: [Gold Coverage for 2 travelers — \$650]

CREDIT CARD INFORMATION

Card Type:

Card Number: CID: ?

Expiration Date: -

Name (as it appears on card):

Billing Address: Same as home address.

Phone Number: Extension:

E-mail Address (optional):

Street Address 1:

Street Address 2:

City:

State:

Zip:

E-COMMUNICATIONS DISCLOSURE

The [E-Communications Disclosure](#) permits us to provide certain disclosures online in lieu of paper. Please check the box below in order to complete your enrollment. This signifies that you consent to our disclosure.

I have read and agree to the E-Communications Disclosure.
If you do not consent, you may only enroll by calling [1-800-332-4688].

Sign up for E-Communications

Please check here if you would like to receive Plan information and notices by e-mail, as detailed in the E-Communications Disclosure.
E-mail Communications are optional. If you prefer to receive postal mailing, simply leave this box unchecked.

I DISAGREE / CANCEL

I AGREE / PURCHASE

Return Home Print this page Email this page

Confirmation

Information > Payment > **Confirmation** > Thank You

▶ Your Coverage Selection: [Gold Coverage for 2 travelers — \$650]

CREDIT CARD INFORMATION

Card Type: **American Express**
 Card Number: *****1234
 Expiration Date: **01/14**
 Name (as it appears on card): **John M Doe**
 Street Address: **123 Main Street**
 City: **New York**
 State: **New York**
 Zip: **10010**
 Phone Number: **201-212-1212**
 [Email Address: **John@JohnDoe.com**]

Mailing Street Address: **123 Main Street**
 City: **New York**
 State: **New York**
 Zip: **10010**

AGREE TO TERMS & CONDITIONS

You hereby request enrollment of the traveling Covered Persons in the above plan(s) and acknowledge that the plan(s) are underwritten by AMEX Assurance Company. You agree to pay the Total Insurance Premium shown above even if you are not traveling on a Covered Trip. You certify that all information about you, the Covered Person(s) and your selection are true and complete. You agree that you have read, understand and agree to the below Terms and Conditions Summary.

By typing in the signature box below, you sign this electronic enrollment form and: (1) you acknowledge that you understand that the full terms, conditions and exclusions in the insurance policy will be sent to your Designated E-mail Address or to your postal address; and (2) you agree to review them and, if they are not acceptable to you, cancel your enrollment before the deadline.* You may cancel by calling [1-800-332-4899], or you may follow the termination instructions in the Plan documents. If you do not properly cancel, you agree to be bound by all terms, conditions and exclusions in this enrollment and the Plan documents.

*The deadline is the date which is 14 days after the initial purchase of this policy. Call us at [1-800-332-4899] if you have not received the policy and you need it before departure.

Plan(s) Selected: [Comprehensive Gold Coverage]

Terms & Conditions Summary

Enter your full name or other symbol to represent your signature in the box below.

X

By clicking the "I Agree / Purchase" button below, you confirm your signature and submit your enrollment for approval.
 [Any person who knowingly and with intent to defraud any insurance company, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of insurance fraud.]

AETI-BIC-EF 6/10

BACK **I DISAGREE / CANCEL** **I AGREE / PURCHASE**

Thank You

[Information](#) > [Payment](#) > [Confirmation](#) > **Thank You**

Congratulations. You now have [American Express Travel Insurance] coverage for your trip. Confirmation and enrollment information will be sent to [123 Main Street, City, State].

Your identification number: **[1234567890]**

Coverage Details: Gold Coverage for 2 covered persons — \$650

Covered Persons [John Doe] [Jane Doe]	Emergency Medical and Dental Expenses Medical — \$25,000 Dental — \$750	Emergency Medical Evacuation / Repatriation Emergency Evacuation / Repatriation — \$500,000
	Trip Cancellation/Interruption Trip Cancellation — 100% Trip Interruption — 150%	Baggage Loss Maximum Limit — \$1,000
Travel Accident Protection 24 hour — \$100,000 Common Carrier — \$200,000	Trip Delay Hour Delay — 6+ hours Delay Limit — \$150 Maximum Limit — \$750	

[Print/Save Confirmation of Enrollment](#)

Multiply Your Rewards



The New Premier Rewards Gold Card

[APPLY NOW](#)

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	08/09/2010
Comments:		
Attachment: Flesch Score Certification.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	08/09/2010
Comments: The enrollment form (application) is being submitted under the Form Schedule.		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability	Approved-Closed	08/09/2010
Comments:		
Attachment: Statement of Variability.pdf		

	Item Status:	Status Date:
Satisfied - Item: Authorization Letter	Approved-Closed	08/09/2010
Comments:		
Attachment: Authorization Letter.pdf		

	Item Status:	Status Date:
Satisfied - Item: Explanatory Memorandum	Approved-Closed	08/09/2010
Comments:		
Attachment:		

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Explanatory Memorandum.pdf

Item Status: Approved-Closed
Status Date: 08/09/2010
Satisfied - Item: Certification of Compliance
Comments:
Attachment:
AR Certification of Compliance.pdf

Item Status: Approved-Closed
Status Date: 08/09/2010
Satisfied - Item: Cover Letter dated 7-29-10
Comments:
Attachment:
AR Cover Letter dated 7-29-10.pdf

READABILITY CERTIFICATION

<u>Form Number (may vary by state)</u>	<u>Form Name</u>
AETI-BIC-EF 6/10	Enrollment Form

As an officer of AMEX Assurance Company, I hereby certify that the above captioned form achieves a Flesch score that meets or exceeds the requirements pursuant to your state insurance law. The resulting Flesch score achieved for the subject form is 51.8.



Dave A. Parker
Manager of Corporate Compliance

July 18, 2010

**Description of Variable Material Enrollment Form
AETI-BIC-EF 6/10**

Page Number	Bracketed Provision	Possible Variations
On every Page	Your Coverage Selection: [Gold for 2 travelers - \$650]	<p>Before beginning the enrollment process evident by this form, an applicant will have chosen one of the coverage options offered by AMEX Assurance Company (the “Company”). This section of the enrollment form is called a “Coverage Selection Blind” and will display benefits and coverage amounts selected. The coverage options include both bundled and stand-alone coverage, and the option of purchasing most coverage based on either an annual insurance package or coverage for a designated trip.</p> <p>The range of options is explained in the Explanatory Memorandum accompanying this enrollment form & Statement of Variability.</p>
1	Covered Person [1]	The numeral 1 may or not be appear depending on whether additional person may be covered through the marketing channel.
1	Covered Person 2 – bracketed field	For the stand-alone Car Rental coverage enrollments, this field will not be displayed because the Company only needs information on the individual signing the Rental Agreement. While the car rental insurance also provides coverage for other Authorized Drivers and Passengers, the Company obtains this information during the claims process, based on the Rental Agreement.
1	Trip Cost & Total Trip Cost – bracketed fields	The Company either will collect trip cost per person or total trip cost.
1	Add another traveler [(Up to 8 Covered Persons)]	This field will dynamically change according to how many travelers are entered as Covered Persons. For stand-alone Car Rental coverage and travel coverages in which only one individual is identified, this field may not be present.
1	[State of Residence: NY] dropdown box	<p>For enrollment channels other than stand-alone Car Rental coverage, the state of residency will be a displayed field. This information is needed if the person taking out the coverage is insuring other travelers that reside in a different state or states of residence.</p> <p>For stand-alone Car Rental coverage enrollment channels, this information will already have been collected in a previous advertising landing page and won’t be displayed in this step.</p>
1	Departure Date & Return Date – bracketed fields	These fields relate only to Designated Trip Payment Plans, not Annual Payment Plans. Two or four fields may appear—depending on what types of coverage have been chosen by the applicant. The “Departure Date” and “Return Date” fields, as reflected on the form, are necessary for Trip Cancellation/Interruption, Trip Delay, Global Baggage Protection, Global Medical Protection and Travel Accident Protection benefits. If stand-alone Car Rental coverage is chosen by applicant, the additional fields “Pick-up Date” and “Drop-off date” will appear.
1	Date of First Trip Payment – bracketed field	<p>This field pertains only to Designated Trip Payment Plans that contain one or a combination of the following benefits:</p> <ul style="list-style-type: none"> • Trip Cancellation/Interruption • Trip Delay • Global Medical Protection • Travel Accident Protection • Global Baggage Protection <p>It isn’t necessary for Annual Payment Plans or for the stand-alone Car</p>

Page Number	Bracketed Provision	Possible Variations
		Rental coverage.
2 & 3	[1-800-332-4688] – Toll-free numbers bracketed in three areas	The telephone number(s) may change in the future.
3	[Email Address: John@JohnDoe.com]	This will only be displayed if an email address was entered from the previous step (payment page).
3	Plan(s) Selected: [Comprehensive Gold Coverage]	This will display plan name based on benefits selected.
3	[Any person who knowingly and with intent to defraud any insurance company, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of insurance fraud.]	Fraud language may change depending on state law or other permissible reasons.
4	Congratulations. You now have [American Express Travel Insurance] coverage for your trip. Confirmation and enrollment information will be sent to [123 Main Street, City State].	The name of the insurance coverage is bracketed because it may change depending on the marketing channel. The mailing address will change with each enrollee. Also, an enrollee may elect to have information sent to his or her e-mail address.
4	Your Identification Number: [1234567890]	Identification number will vary with each enrollee.
4	Coverage Details box	<p>The Coverage Details box is similar to the Coverage Selection Blind. This box confirms benefits enrolled, coverage amounts, and Covered Persons.</p> <p>The plan information that will appear is explained in the Explanatory Memorandum accompanying the enrollment form and this Description of Variable Material.</p>
4	Multiply Your Rewards – bracketed ad for an American Express Card	Advertising content at the end of the form will vary.



AMEX Assurance Company

MC: 180219
19640 N. 31st Ave
Phoenix, AZ 85027

INSURANCE COMMISSIONER

This letter, or a copy thereof, will authorize Mitchell, Williams, Selig, Gates & Woodyard, P.L.L.C. to represent AMEX Assurance Company in any matters related to the submission of policy forms and/or rates to your state.

Very truly yours,

A handwritten signature in black ink, appearing to read "Dave Parker", with a long horizontal flourish extending to the right.

Officer Name Dave Parker

Officer Title Manager of Corporate Compliance

Explanatory Memorandum

American Express Travel Insurance & American Express Car Rental Insurance
AMEX Assurance Company

AETI-BIC-EF 6/10

This Explanatory Memorandum describes the bundled and stand-alone benefits available through American Express Travel Insurance (“AETI”) and American Express Car Rental Insurance (“AECRI”) offered by AMEX Assurance Company (the “Company”). AETI provides benefit options that include trip cancellation/interruption benefits, trip delay coverage, baggage protection, emergency medical and dental expense benefits, emergency medical evacuation/repatriation benefits and accidental death and dismemberment coverage, depending on the benefits marketed by the Company or chosen by the Enrollee. AECRI provides Damage and Theft coverage to protect the Enrollee and other Authorized Drivers from liability for damage to or loss of the rental car and optional coverages protecting personal property secured in the Rental Car and providing benefits for accidental death and dismemberment and accidental injury to the Enrollee, Authorized Drivers and Passengers.

The selection of AETI and/or AECRI benefits by a prospective Enrollee takes place prior to the application process reflected in web enrollment form AETI-BIC-EF 6/10. AETI coverage is available through both plans that cover Designated Trip Payment Plans and Annual Payment Plans. AECRI is available only per car rental, up to a total of a 45-day rental period.

Once an Enrollee begins to complete this web form, the top of each page of the form displays the benefit plan selection in a space referred to by the Company as the “Coverage Selection Blind.” The Coverage Selection Blind shows the plan name, benefits, and coverage amounts.

I. AETI Benefit Plans.

The following benefit plans are available through AETI:

Comprehensive Annual Packages – There are three packages of travel benefits to select from: (1) Annual Basic; (2) Annual Silver Package; (3) Annual Gold Package.

Benefit Plan	Coverage	Limits
Annual Basic	Medical	\$5,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$5,000
	Baggage Loss	\$250
	Baggage Delay	24+ hours \$100 max.
	Trip Cancellation/Interruption	100% up to \$1,000
	Accidental Death & Dismemberment	No coverage
	Trip Delay	No coverage
Annual Silver	Medical	\$20,000
	Dental (included in Medical)	\$750

Benefit Plan	Coverage	Limits
	Emergency Evacuation/Repatriation	\$20,000
	Baggage Loss	\$400
	Baggage Delay	6+ hours \$100 max.
	Trip Cancellation/Interruption	100% up to \$1,000
	Accidental Death & Dismemberment <ul style="list-style-type: none"> • 24 hour benefit • Scheduled Airline benefit 	\$50,000 \$50,000
	Trip Delay	No coverage
Annual Gold	Medical	\$20,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$100,000
	Baggage Loss	\$1,000
	Baggage Delay	24+ hours \$200 max.
	Trip Cancellation/Interruption	100% up to \$1,000
	Accidental Death & Dismemberment <ul style="list-style-type: none"> • 24 hour benefit • Scheduled Airline benefit 	\$25,000 \$250,000
	Trip Delay	6+ hours \$500 max.

Designated Trip Comprehensive Packages – There are 5 core packages of travel benefits to select from: (1) Basic; (2) Silver; (3) Gold; (4) Platinum; (5) Diamond. Then there is variations based off those 5 core packages that may include Cancel For Business Reason Coverage (CFBR) or Cancel For Any Reason Coverage (CFAR). Some of the variations consist of different coverage levels for the Emergency Evacuation coverage. All plans that include the name Classic have a reduced coverage amount for evacuation.

Benefit Plan	Coverage	Limits
Basic	Medical	\$5,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$5,000
	Baggage Loss	\$250
	Baggage Delay	24+ hours \$100 max.
	Trip Cancellation/Interruption	100% up to \$1,000
	Accidental Death & Dismemberment	No coverage
	Trip Delay	No coverage

Benefit Plan	Coverage	Limits
Silver	Medical	\$25,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$100,000
	Baggage Loss	\$500
	Baggage Delay	6+ hours \$300 max.
	Trip Cancellation/Interruption	100% Cancellation 100% Interruption (of trip cost)
	Accidental Death & Dismemberment <ul style="list-style-type: none"> • 24 hour benefit • Scheduled Airline benefit 	\$50,000 \$100,000
	Trip Delay	6+ hours, \$150/day, \$500 max.
Gold	Medical	\$25,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$500,000
	Baggage Loss	\$1,000
	Baggage Delay	6+ hours, \$300 max.
	Trip Cancellation/Interruption	100% Cancellation 150% Interruption (of trip cost)
	Accidental Death & Dismemberment <ul style="list-style-type: none"> • 24 hour benefit • Scheduled Airline benefit 	\$100,000 \$200,000
	Trip Delay	6+ hours, \$150/day \$750 max.
Platinum	Medical	\$100,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$1,000,000
	Baggage Loss	\$2,500
	Baggage Delay	3+ hours \$500 max.
	Trip Cancellation/Interruption	100% Cancellation

Benefit Plan	Coverage	Limits
		150% Interruption (of trip cost)
	Accidental Death & Dismemberment <ul style="list-style-type: none"> • 24 hour benefit • Scheduled Airline benefit 	\$200,000 \$200,000
	Trip Delay	6+ hours \$150/day \$1,000 max.
Diamond	Medical	\$100,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$1,000,000
	Baggage Loss	\$3,000
	Baggage Delay	3+ hours \$750 max.
	Trip Cancellation/Interruption	100% Cancellation 150% Interruption (of trip cost)
	Accidental Death & Dismemberment <ul style="list-style-type: none"> • 24 hour benefit • Scheduled Airline benefit 	\$500,000 \$500,000
	Trip Delay	6+ hours, \$150/day \$1,500 max.
Silver Classic with \$50,000 Evacuation	Medical	\$10,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$50,000
	Baggage Loss	\$500
	Baggage Delay	24+ hours, \$100 max.
	Trip Cancellation/Interruption	100% Cancellation 100% Interruption (of trip cost)
	Accidental Death & Dismemberment	No Coverage
	Trip Delay	6+ hours, \$150/day, \$500 max.
Gold Classic with	Medical	\$25,000

Benefit Plan	Coverage	Limits
\$100,000 Evacuation		
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$100,000
	Baggage Loss	\$1,000
	Baggage Delay	6+ hours, \$300 max.
	Trip Cancellation/Interruption	100% Cancellation 150% Interruption (of trip cost)
	Accidental Death & Dismemberment <ul style="list-style-type: none"> • 24 hour benefit • Scheduled Airline benefit 	\$100,000 \$200,000
	Trip Delay	6+ hours, \$150/day \$750 max.
Gold with \$500,000 Evacuation & Cancel For Any Reason (CFAR)	Medical	\$25,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$500,000
	Baggage Loss	\$1,000
	Baggage Delay	6+ hours, \$300 max.
	Trip Cancellation/Interruption (includes CFAR)	100% Cancellation 150% Interruption (of trip cost)
	Accidental Death & Dismemberment <ul style="list-style-type: none"> • 24 hour benefit • Scheduled Airline benefit 	\$100,000 \$200,000
	Trip Delay	6+ hours, \$150/day \$750 max.
Gold Classic with \$100,000 Evacuation & CFAR	Medical	\$25,000

Benefit Plan	Coverage	Limits
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$100,000
	Baggage Loss	\$1,000
	Baggage Delay	6+ hours, \$300 max.
	Trip Cancellation/Interruption (includes CFAR)	100% Cancellation 150% Interruption (of trip cost)
	Accidental Death & Dismemberment <ul style="list-style-type: none"> • 24 hour benefit • Scheduled Airline benefit 	\$100,000 \$200,000
	Trip Delay	6+ hours, \$150/day \$750 max.
Gold with \$500,000 Evacuation & Cancel For Business Reason (CFBR)	Medical	\$25,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$500,000
	Baggage Loss	\$1,000
	Baggage Delay	6+ hours, \$300 max.
	Trip Cancellation/Interruption (includes CFBR)	100% Cancellation 150% Interruption (of trip cost)
	Accidental Death & Dismemberment <ul style="list-style-type: none"> • 24 hour benefit • Scheduled Airline benefit 	\$100,000 \$200,000
	Trip Delay	6+ hours, \$150/day \$750 max.
Gold Classic with \$100,000 Evacuation & CFBR	Medical	\$25,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$100,000

Benefit Plan	Coverage	Limits
	Baggage Loss	\$1,000
	Baggage Delay	6+ hours, \$300 max.
	Trip Cancellation/Interruption (includes CFBR)	100% Cancellation 150% Interruption (of trip cost)
	Accidental Death & Dismemberment <ul style="list-style-type: none"> • 24 hour benefit • Scheduled Airline benefit 	\$100,000 \$200,000
	Trip Delay	6+ hours, \$150/day \$750 max.
Platinum Classic with \$100,000 Evacuation	Medical	\$100,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$100,000
	Baggage Loss	\$2,500
	Baggage Delay	3+ hours, \$500 max.
	Trip Cancellation/Interruption	100% Cancellation 150% Interruption (of trip cost)
	Accidental Death & Dismemberment <ul style="list-style-type: none"> • 24 hour benefit • Scheduled Airline benefit 	\$200,000 \$200,000
	Trip Delay	6+ hours, \$300/day \$1,000 max.
Platinum with \$1,000,000 Evacuation & Cancel For Any Reason (CFAR)	Medical	\$100,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$1,000,000
	Baggage Loss	\$2,500
	Baggage Delay	3+ hours, \$500 max.

Benefit Plan	Coverage	Limits
	Trip Cancellation/Interruption (includes CFAR)	100% Cancellation 150% Interruption (of trip cost)
	Accidental Death & Dismemberment <ul style="list-style-type: none"> • 24 hour benefit • Scheduled Airline benefit 	\$200,000 \$200,000
	Trip Delay	6+ hours, \$300/day \$1,000 max.
Platinum Classic with \$100,000 Evacuation & CFAR	Medical	\$100,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$100,000
	Baggage Loss	\$2,500
	Baggage Delay	3+ hours, \$500 max.
	Trip Cancellation/Interruption (includes CFAR)	100% Cancellation 150% Interruption (of trip cost)
	Accidental Death & Dismemberment <ul style="list-style-type: none"> • 24 hour benefit • Scheduled Airline benefit 	\$200,000 \$200,000
	Trip Delay	6+ hours, \$300/day \$1,000 max.
Platinum with \$1,000,000 Evacuation & Cancel For Business Reason (CFBR)	Medical	\$100,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$1,000,000
	Baggage Loss	\$2,500
	Baggage Delay	3+ hours, \$500 max.
	Trip Cancellation/Interruption (includes CFBR)	100% Cancellation

Benefit Plan	Coverage	Limits
		150% Interruption (of trip cost)
	Accidental Death & Dismemberment <ul style="list-style-type: none"> • 24 hour benefit • Scheduled Airline benefit 	\$200,000 \$200,000
	Trip Delay	6+ hours, \$300/day \$1,000 max.
Platinum Classic with \$100,000 Evacuation & CFBR	Medical	100,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$100,000
	Baggage Loss	\$2,500
	Baggage Delay	3+ hours, \$500 max.
	Trip Cancellation/Interruption (includes CFBR)	100% Cancellation 150% Interruption (of trip cost)
	Accidental Death & Dismemberment <ul style="list-style-type: none"> • 24 hour benefit • Scheduled Airline benefit 	\$200,000 \$200,000
	Trip Delay	6+ hours, \$300/day \$1,000 max.
Diamond Classic with \$100,000 Evacuation	Medical	\$100,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$100,000
	Baggage Loss	\$3,000
	Baggage Delay	3+ hours, \$750 max.
	Trip Cancellation/Interruption	100% Cancellation 150% Interruption (of trip cost)
	Accidental Death & Dismemberment	

Benefit Plan	Coverage	Limits
	<ul style="list-style-type: none"> • 24 hour benefit • Scheduled Airline benefit 	\$500,000 \$500,000
	Trip Delay	6+ hours, \$500/day \$1,500 max.
Diamond with \$1,000,000 Evacuation & Cancel For Any Reason (CFAR)	Medical	\$100,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$1,000,000
	Baggage Loss	\$3,000
	Baggage Delay	3+ hours, \$750 max.
	Trip Cancellation/Interruption (includes CFAR)	100% Cancellation 150% Interruption (of trip cost)
	Accidental Death & Dismemberment <ul style="list-style-type: none"> • 24 hour benefit • Scheduled Airline benefit 	\$500,000 \$500,000
	Trip Delay	6+ hours, \$500/day \$1,500 max.
Diamond Classic with \$100,000 Evacuation & CFAR	Medical	\$100,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$100,000
	Baggage Loss	\$3,000
	Baggage Delay	3+ hours, \$750 max.
	Trip Cancellation/Interruption (includes CFAR)	100% Cancellation 150% Interruption (of trip cost)
	Accidental Death & Dismemberment <ul style="list-style-type: none"> • 24 hour benefit • Scheduled Airline benefit 	\$500,000 \$500,000

Benefit Plan	Coverage	Limits
	Trip Delay	6+ hours, \$500/day \$1,500 max.
Diamond with \$1,000,000 Evacuation & Cancel For Business Reason (CFBR)	Medical	\$100,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$1,000,000
	Baggage Loss	\$3,000
	Baggage Delay	3+ hours, \$750 max.
	Trip Cancellation/Interruption (includes CFBR)	100% Cancellation 150% Interruption (of trip cost)
	Accidental Death & Dismemberment <ul style="list-style-type: none"> • 24 hour benefit • Scheduled Airline benefit 	\$500,000 \$500,000
	Trip Delay	6+ hours, \$500/day \$1,500 max.
Diamond Classic with \$100,000 Evacuation & CFBR	Medical	\$100,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$100,000
	Baggage Loss	\$3,000
	Baggage Delay	3+ hours, \$750 max.
	Trip Cancellation/Interruption (includes CFBR)	100% Cancellation 150% Interruption (of trip cost)
	Accidental Death & Dismemberment <ul style="list-style-type: none"> • 24 hour benefit • Scheduled Airline benefit 	\$500,000 \$500,000
	Trip Delay	6+ hours, \$500/day

Benefit Plan	Coverage	Limits
		\$1,500 max.

Annual & Designated Trip Customized Plans – The applicant does also have the option to select individual benefits for an Annual Payment Plan or Designated Trip Payment Plans. Certain plans are exclusive to either per trip or annual only.

Customized Plan	Coverage	Limits
Trip Protector (Per Trip & Annual)	Trip Cancellation Interruption	100% up to \$1,000
Trip Cancellation/Interruption (Per Trip only)	Trip Cancellation Interruption of Total Trip Costs	100% Cancellation 100% Interruption
Global Trip Delay		
Basic (Per Trip & Annual)	Trip Delay	6+ hours, \$150/day, \$500 max
Silver (Per Trip & Annual)	Trip Delay	6+ hours, \$200/day, \$750 max
Gold (Per Trip & Annual)	Trip Delay	6+ hours, \$300/day, \$1,000 max
Global Baggage Protection		
Basic (Per Trip & Annual)	Baggage Loss & Delay	6+ hours, \$500/Loss, \$300/Delay (aggregate annual cap \$1,000)
Silver (Per Trip & Annual)	Baggage Loss & Delay	6+ hours, \$1,000/Loss, \$500/Delay (aggregate annual cap \$2,000)
Gold (Per Trip & Annual)	Baggage Delay & Loss	6+ hours, \$1,500/Loss, \$500/Delay (aggregate annual cap \$3,000)
Platinum (Per Trip & Annual)	Baggage Delay & Loss	3+ hours, \$2,500/Loss, \$500/Delay (aggregate annual cap \$5,000)
Basic (Annual only)	Baggage Loss	\$250/Loss
Silver (Annual only)	Baggage Delay & Loss	10 + hours, \$250/Loss, \$100/Delay

Gold (Annual only)	Baggage Delay & Loss	10 + hours, \$500/Loss, \$100/Delay
Travel Accident Protection	Accidental Death and Dismemberment	
Basic (Per Trip & Annual)	24 Hour benefit	\$250,000
	Common Carrier	\$250,000
Customized Plan	Coverage	Limits
Silver (Per Trip & Annual)	24 Hour benefit	\$500,000
	Common Carrier	\$500,000
Gold (Per Trip & Annual)	24 Hour benefit	\$1,000,000
	Common Carrier	\$1,000,000
Platinum (Per Trip & Annual)	25 Hour benefit	\$1,500,000
	Common Carrier	\$1,500,000
Global Medical Protection	<input type="checkbox"/>	
Basic (Per Trip & Annual)	Emergency Medical, Dental, & Evacuation/Repatriation	\$25,000
Silver (Per Trip & Annual)	Emergency Medical, Dental, & Evacuation/Repatriation	\$50,000
Gold (Per Trip & Annual)	Emergency Medical, Dental, & Evacuation/Repatriation	\$100,000

II. Car Rental Insurance Benefit Plans.

There are four plans to select as an add-on to AEIT or as a stand-alone basis:

Car Rental Plan	Coverage	Limits
\$25,000		
	Accidental Death & Dismemberment	No Coverage
	Accidental Injury	No Coverage
	Damage & Theft to Rental Car	\$25,000 with a \$250 Deductible
	Personal Property	No Coverage
\$50,000		
	Accidental Death & Dismemberment	No Coverage
	Accidental Injury	No Coverage
	Damage & Theft to Rental Car	\$50,000
	Personal Property	No Coverage

\$50,000 Plus		
	Accidental Death & Dismemberment	\$100,000
	Accidental Injury	\$10,000
	Damage & Theft to Rental Car	\$50,000
	Personal Property	No Coverage
\$100,000		
Car Rental Plan	Coverage	Limits
	Accidental Death & Dismemberment	\$100,000
	Accidental Injury	\$15,000
	Damage & Theft to Rental Car	\$100,000
	Personal Property	\$5,000

CERTIFICATION

I, Dave A. Parker, Manager of Corporate Compliance of AMEX Assurance Company, do hereby certify that the forms identified below comply with:

- Arkansas Rule and Regulation 19;
- Arkansas Rule and Regulation 49; and
- Arkansas Code Annotated § 23-79-138 as provided for in Bulletin 15-2009.

AMEX ASSURANCE COMPANY



Dave A. Parker
Manager of Corporate Compliance

Date: 7-29-10

Form Name(s)

Enrollment Form

Form Number(s)

AETI-BIC-EF 6/10

MITCHELL || WILLIAMS

Charles B. Cliett, Jr.
Direct Dial: 501-688-8819
Fax: 501-918-7819
E-mail: ccliett@mwlaw.com

425 West Capitol Avenue, Suite 1800
Little Rock, Arkansas 72201-3525
Telephone: 501-688-8800
Fax: 501-688-8807

July 29, 2010

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

Attention: Mr. Dan Honey
Deputy Commissioner Life and Health

RE: **AMEX Assurance Company**
NAIC #: 27928; FEIN: 36-2760101
Group Health Travel Form Filing
"American Express Travel Insurance"
Company File Number: AETI-BIC-EF 6/10
• Enrollment Form (Form No. AETI-BIC-EF 6/10)

SERFF Tracking No. MWSG-126744276

Dear Commissioner Bradford:

On behalf of AMEX Assurance Company (the "Company"), we respectfully submit the above-referenced form for your review and approval. This form replaces Form Nos. 2009 AETI WEB and 2009 AETI ANNUAL WEB, which were approved by your Department as part of the American Express Travel Insurance filing ("AETI") on April 26, 2010 (see SERFF Tracking No. MWSG-126380599).

In addition, form AETI-BIC-EF 6/10 may be used as a web enrollment form in relation to the American Express Car Rental Insurance ("AECRI") forms approved by the Department on April 20, 2010 (see SERFF Tracking No. MWSG-126568658). The Description of Variable Material submitted with this form AETI-BIC-EF 6/10 explains how the form is used in relation to the AETI and AECRI coverages. The form will not replace any forms from the AECRI filing. If there are any additional submissions that the Company needs to make because the form also will be used with AECRI, please let us know.

Descriptions of the types of coverages to be offered through the AETI and AECRI programs are contained in the respective cover letters accompanying each filing.

The captioned form will be used under Master Group Policy AX0126 (the "Policy") issued to AMEX Assurance Travel Group Trust (the "Master Policyholder"). The group is situated in Rhode Island, and the Policy was approved in that state on February 26, 2002.

In addition to the above-referenced forms, this filing contains the following documentation:

1. The Company's letter authorizing Mitchell, Williams, Selig, Gates & Woodyard, P.L.L.C. to make this filing on the Company's behalf;
2. A Description of Variable Material regarding bracketed material in form AETI-BIC-EF 06/10;
3. An Explanatory Memorandum relating to benefit packages offered in connection with the AETI and AECRI coverages;
4. A Flesch score certification;
5. An actuarial memorandum and exhibits;
6. A Certificate of Compliance; and
7. A filing fee of \$50.00 which is being sent to the Department via EFT.

To the best of the Company's knowledge, information and belief, form AETI-BIC-EF 6/10 submitted herewith is in compliance in all respects with the provisions of the insurance laws, rules and regulations of your state, and contains no provisions previously disapproved by your Department.

The form is in final print. The Company reserves the right to change the appearance, formatting and pagination, but not the text of these forms to comply with future changes in production, print systems or web site software and stylistic revisions. The Company also reserves the right to change the color and/or weight of hard-copy versions of this form and to correct typographical errors without refiling. In addition, the Company also reserves the right to change the Company logo, Company address and phone number, and Officers' signatures without refiling.

The form will appear on the Company's web site(s) in at least 10-point font.

If you have any questions or need anything further to expedite the review and approval of this filing, please contact me at (501) 688-8819 or June Stracener, a paralegal working with me on this matter, at (479) 464-5668. Please note that Ms. Stracener now works in our Rogers, Arkansas office and may be reached at a new telephone number. Thank you for your courtesy and assistance in this matter.

Sincerely,

MITCHELL, WILLIAMS, SELIG,
GATES & WOODYARD, P.L.L.C.



By

Charles B. Cliett, Jr.

Enclosures

SERFF Tracking Number: MWSG-126744276 State: Arkansas
 Filing Company: AMEX Assurance Company State Tracking Number: 46359
 Company Tracking Number: AETI-BIC-EF 6/10
 TOI: H19G Group Health - Travel Sub-TOI: H19G.000 Health - Travel
 Product Name: American Express Travel Web Enrollment Form
 Project Name/Number: /

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/29/2010		Supporting Cover Letter dated 7-29-10 Document	07/30/2010	AR Cover Letter dated 7-29-10.pdf (Superseded)

MITCHELL || WILLIAMS

Charles B. Cliett, Jr.
Direct Dial: 501-688-8819
Fax: 501-918-7819
E-mail: ccliett@mwlaw.com

425 West Capitol Avenue, Suite 1800
Little Rock, Arkansas 72201-3525
Telephone: 501-688-8800
Fax: 501-688-8807

July 29, 2010

The Honorable Jay Bradford
Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
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Attention: Mr. Dan Honey
Deputy Commissioner Life and Health

RE: **AMEX Assurance Company**
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SERFF Tracking No. MWSG-126744276

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Sincerely,

MITCHELL, WILLIAMS, SELIG,
GATES & WOODYARD, P.L.L.C.



By

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Enclosures