

SERFF Tracking Number: CAIC-126804617 State: Arkansas
Filing Company: Continental American Insurance Company State Tracking Number: 46736
Company Tracking Number: 7978
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Dependent Rider 2010 AR
Project Name/Number: Dependent Rider 2010 AR/7978

Filing at a Glance

Company: Continental American Insurance Company

Product Name: Dependent Rider 2010 AR SERFF Tr Num: CAIC-126804617 State: Arkansas
TOI: H21 Health - Other SERFF Status: Closed-Approved- State Tr Num: 46736
Closed

Sub-TOI: H21.000 Health - Other Co Tr Num: 7978 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor
Disposition Date: 09/16/2010
Author: Cindy Lama Disposition Status: Approved-
Date Submitted: 09/08/2010 Closed
Implementation Date Requested: Implementation Date:
State Filing Description:

General Information

Project Name: Dependent Rider 2010 AR
Project Number: 7978
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 09/16/2010

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 09/01/2010
Domicile Status Comments:
Market Type: Group
Group Market Size: Small and Large
Group Market Type: Employer
Explanation for Other Group Market Type:
State Status Changed: 09/16/2010
Created By: Cindy Lama
Corresponding Filing Tracking Number: 7978

Deemer Date:
Submitted By: Cindy Lama
PPACA: Not PPACA-Related
Filing Description:
Please see Cover Letter under Supporting Docs tab.

Company and Contact

Filing Contact Information

Cindy Lama, Compliance Analyst companycompliance@caicworksite.com
2801 Devine Street 888-730-2244 [Phone] 4333 [Ext]
Columbia, SC 29205 803-929-4992 [FAX]

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Filing Company Information

Continental American Insurance Company CoCode: 71730 State of Domicile: South Carolina
 2801 Devine Street Group Code: Company Type: LAH
 Columbia, SC 29205 Group Name: Continental Amer Ins State ID Number:
 Co
 (803) 256-6265 ext. [Phone] FEIN Number: 57-0514130

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Filing or review of life and health policy/contracts, endorsements, certificate, riders, applications
 or annuity forms, per form...\$50.00.
 1 forms x \$50 = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental American Insurance Company	\$50.00	09/08/2010	39312291

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
	\$0.00	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/16/2010	09/16/2010

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Disposition

Disposition Date: 09/16/2010

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	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Variability Statement	Approved-Closed	Yes
Form	Children Definition Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: CAI0040AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/16/2010	CAI0040AR	Certificate	Children Definition Amendmen Rider t, Insert Page, Endorseme nt or Rider	Initial		44.000	CAI0040AR Dependent Age 26 Rider.pdf



CONTINENTAL AMERICAN INSURANCE COMPANY

2801 Devine Street, Columbia, South Carolina 29205
800-433-3036

[Dependent Children] [Children] [Child or Children] Definition Rider

This rider is a part of the document to which it is attached. Unless amended by this rider Policy, Certificate and Dependent Rider Definitions, Exclusions and Limitations, other term and provisions apply to this rider.

The definition of [Dependent Child(ren)] [Children] [Child or Children] is deleted and replaced by the following:

[Dependent Child(ren)] [Children] [Child or Children] means your natural children, step-children, foster children, legally adopted children or children placed for adoption, who are under age 26.

Your natural Children born after the Effective Date of this Rider will be covered from the moment of live birth. No notice or additional premium is required.

Newborn children are automatically covered under the terms of the Plan from the moment of birth. Adopted children are covered from the date of petition. If Employee or Employee/Spouse coverage is in force and an employee desires uninterrupted coverage for a newborn or adopted child, he must notify us in writing within 90 days of the child's birth or within 60 days from the date the petition is filed for adoption of a child. Coverage for newborn will be in effect through the 90th day. Coverage for adopted children will be in effect through the 60th day following the date of such event. Upon notification, we will convert advise him of the additional premium due.

If your children are covered under this Rider, it is not necessary for an employee to notify us of the birth of a child or the date the petition is filed for adoption of a child, and an additional premium payment will not be required.

Coverage on a [Dependent Child(ren)] [Children] [Child or Children] will terminate on the child's 26th birthday. However, if any child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on his parent(s) for support, the above age of twenty-six (26) shall not apply. Proof of such incapacity and dependency must be furnished to the Company.

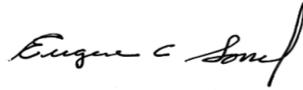
[The second paragraph under the provisions **TERMINATION OF AN EMPLOYEE'S INSURANCE** and **TERMINATION OF YOUR INSURANCE** is deleted and replaced by the following:

Insurance for an insured Spouse or Dependent Child will terminate the earliest of:

1. the date the Plan is terminated;
2. the date the Spouse or Dependent Child ceases to be a dependent;
3. the premium due date following the date we receive your written request to terminate coverage for your Spouse and/or all Dependent Children.]

This rider is subject to all of the terms of the document to which it is attached unless any such terms are inconsistent with the terms of this Rider.

Signed by the Company at its Home Office.

A handwritten signature in cursive script, appearing to read "Eugene C. Smith".

President

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachments: Readability Certification.pdf AR Life and Health Insurance Guaranty Association Notice.pdf	Approved-Closed	09/16/2010

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Rider only filing. Comments:	Approved-Closed	09/16/2010

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification Bypass Reason: n/a - Group Gealth Insurance Comments:	Approved-Closed	09/16/2010

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage Bypass Reason: n/a - Group Gealth Insurance Comments:	Approved-Closed	09/16/2010

	Item Status:	Status Date:
Bypassed - Item: PPACA Uniform Compliance Summary Bypass Reason: n/a Comments:	Approved-Closed	09/16/2010

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Item Status: Approved-Closed
Status Date: 09/16/2010
Satisfied - Item: Cover Letter
Comments:
Attachment:
Cover Letter AR.pdf

Item Status: Approved-Closed
Status Date: 09/16/2010
Satisfied - Item: Variability Statement
Comments:
Attachment:
Variability Statement CAI0040AR.pdf



READABILITY CERTIFICATION

I, James J. Hennessy, hereby certify that the following form has the following readability score as calculated by the Flesch Reading Ease Test:

CAI0040AR

44

James J. Hennessy, AIRC, ACP, CCP
Vice President, Compliance
Continental American Insurance Company

September 9, 2010

Date

**LIMITATIONS AND EXCLUSIONS UNDER THE
ARKANSAS LIFE AND HEALTH INSURANCE
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.



September 9, 2010

Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201-1904

Re: Continental American Insurance Company NAIC#71730 FEIN 57-0514130
Line of Insurance:
TOI: H21 Health – Other
Sub-TOI: H21.000 Health – Other
Proposed Effective Date: On Approval
Domicile State Approval: SC 9/1/2010

FORM NUMBER: CAI0040AR Children Definition Rider

Dear Sir or Madam:

The enclosed rider form is being sent to your department for your review and approval. The rider changes the definition of dependent child by increasing the age of eligibility to 26.

This rider will be used with our currently approved Group Accident, Group Hospital Indemnity, Group Critical Illness products. A list of the approval dates for these forms is enclosed.

<u>Policy Forms</u>	<u>Group Product</u>	<u>Approval Date</u>
CAI2800AR, et al	Critical Illness	5/13/2008 - AR # 38608
CA7700-MP-AR, et al	Group Accident	5/22/2003
CA8500-MP(AR), et al	Group Hospital Confinement	3/29/2002
CA6500-MP (AR), et al	Group Hospital Confinement	10/20/2006

Thank you for your consideration in this matter. Please contact Cindy Lama at (888) 730-2244 extension 4333 or by e-mail at CompanyCompliance@caicworksite.com if you need any additional information.

Sincerely,

James J. Hennessy, AIRC, ACP, CCP
Vice President, Compliance
/clc

GROUP VARIABILITY STATEMENT

Form - CAI0040AR

On the face page the Aflac logo is variable so that any change to the logo can be incorporated.

[Dependent Children] – This term will be used through out the rider when it is used with previously approved Group Critical Illness form 2800, et al

[Children] – This term will be used through out the rider when it is used with previously approved Group Accident forms 7700, et al

[Child or Children] – This term will be used through out the rider when it is used with previously approved Group Hospital Indemnity forms

The following section of the rider will only be used with our Group Critical Illness form 2800, et al:

[The second paragraph under the provisions **TERMINATION OF AN EMPLOYEE'S INSURANCE** and **TERMINATION OF YOUR INSURANCE** is deleted and replaced by the following:

Insurance for an insured Spouse or Dependent Child will terminate the earliest of:

1. the date the Plan is terminated;
2. the date the Spouse or Dependent Child ceases to be a dependent;
3. the premium due date following the date we receive your written request to terminate coverage for your Spouse and/or all Dependent Children.]