

SERFF Tracking Number: MGCC-126794601 State: Arkansas
Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 46683
Company Tracking Number: CH-26055-IP OC (5/07) AR
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: 2010 Cancer Outline of Coverage
Project Name/Number: 2010 Cancer Outline of Coverage/2010 Cancer Outline of Coverage

Filing at a Glance

Company: The Chesapeake Life Insurance Company

Product Name: 2010 Cancer Outline of Coverage SERFF Tr Num: MGCC-126794601 State: Arkansas

TOI: H071 Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed-Approved- Closed State Tr Num: 46683

Sub-TOI: H071.002A Dread Disease - Cancer Only Co Tr Num: CH-26055-IP OC (5/07) State Status: Approved-Closed AR

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Courtney Sharp, Kim Perkins

Disposition Date: 09/08/2010

Date Submitted: 09/01/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 2010 Cancer Outline of Coverage
Project Number: 2010 Cancer Outline of Coverage
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 09/08/2010

Status of Filing in Domicile: Not Filed
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: 09/08/2010
Created By: Courtney Sharp
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Courtney Sharp

Filing Description:

Please refer to the Cover Letter.

Company and Contact

Filing Contact Information

SERFF Tracking Number: MGCC-126794601 State: Arkansas
 Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 46683
 Company Tracking Number: CH-26055-IP OC (5/07) AR
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: 2010 Cancer Outline of Coverage
 Project Name/Number: 2010 Cancer Outline of Coverage/2010 Cancer Outline of Coverage

Courtney Andre, Compliance Technician courtney.andre@healthmarkets.com
 9151 Boulevard 26 817-255-5649 [Phone]
 North Richland Hills, TX 76180 817-255-8155 [FAX]

Filing Company Information

The Chesapeake Life Insurance Company CoCode: 61832 State of Domicile: Oklahoma
 9151 Boulevard 26 Group Code: 264 Company Type: Health
 North Richland Hills, TX 76180 Group Name: State ID Number:
 (817) 255-3100 ext. [Phone] FEIN Number: 52-0676509

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Chesapeake Life Insurance Company	\$50.00	09/01/2010	39181334

SERFF Tracking Number: MGCC-126794601 State: Arkansas
Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 46683
Company Tracking Number: CH-26055-IP OC (5/07) AR
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: 2010 Cancer Outline of Coverage
Project Name/Number: 2010 Cancer Outline of Coverage/2010 Cancer Outline of Coverage

Correspondence Summary

Dispositions

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

SERFF Tracking Number: MGCC-126794601 State: Arkansas
 Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 46683
 Company Tracking Number: CH-26055-IP OC (5/07) AR
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: 2010 Cancer Outline of Coverage
 Project Name/Number: 2010 Cancer Outline of Coverage/2010 Cancer Outline of Coverage

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	Cover Letter	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes

SERFF Tracking Number: MGCC-126794601 State: Arkansas
 Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 46683
 Company Tracking Number: CH-26055-IP OC (5/07) AR
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: 2010 Cancer Outline of Coverage
 Project Name/Number: 2010 Cancer Outline of Coverage/2010 Cancer Outline of Coverage

Form Schedule

Lead Form Number: CH-26055-IP OC (5/07) AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/08/2010	CH-26055-IP OC (5/07) AR	Outline of Coverage	Outline of Coverage	Initial			CH-26055-IP OC _507_ AR [Renewal Conditions].pdf

1. All skin cancer which is not Diagnosed, by definition, specifically as Malignant Melanoma;
2. Any Diagnosis, as defined, which is determined to be caused by war or an act of war;
3. Any Diagnosis, as defined, which is made by You or a member of Your immediate family or household;
4. Any Diagnosis, as defined, which is made outside the U.S.; or
5. Any Diagnosis, as defined, which is made after the date on which coverage under this Policy has been terminated.

5. **WAITING PERIOD.** This policy contains a Waiting Period of 30 days. Benefits will be reduced if an Insured Person receives a First Diagnosis of Cancer, as defined, during the Waiting Period.

6. **RENEWAL CONDITIONS.** The Policy is guaranteed renewable to age 65 or Medicare eligibility, whichever occurs first, subject to the Company's right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the Policy. The Company reserves the right to change the applicable table of premium rates on a Class Basis. The premium for this Policy is based on the issue age of the Insured Person at the time in which this Policy becomes effective.

7.

8. **PREMIUMS.** Premiums are payable to the Company at its Administrative office. The Company reserves the right to change the table of premiums on a class basis, becoming due under the Policy at any time provided 31 days advance written notice is given. Premiums will be adjusted as appropriate, for the termination of coverage of an Insured Person who receives a First Diagnosis Cancer Benefit Amount. In the event the Primary Insured Person is the only individual covered under this Policy, the Policy will terminate on the date the benefit is paid and no further benefits or premiums will be due, subject to the Grace Period.

Premium Due (at time of application) \$ _____

SERFF Tracking Number: MGCC-126794601 State: Arkansas
 Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 46683
 Company Tracking Number: CH-26055-IP OC (5/07) AR
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: 2010 Cancer Outline of Coverage
 Project Name/Number: 2010 Cancer Outline of Coverage/2010 Cancer Outline of Coverage

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	09/08/2010
Comments:		
Attachments:		
Cert Compl Rule-Reg19 -AR.pdf		
Cert Compliance AR-Readability.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	09/08/2010
Bypass Reason: Filed under MGCC-125182595 and approved on 07/12/2007		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	09/08/2010
Bypass Reason: Filed under Serff Tracking # MGCA-12662408 and approved on 06/07/2010		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	09/08/2010
Bypass Reason: Outline of Coverage is under the Form Schedule Section		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter	Approved-Closed	09/08/2010
Comments:		
Attachment:		

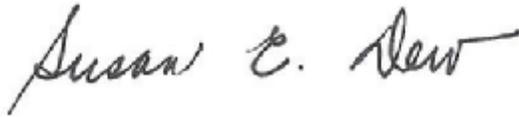
**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: The Chesapeake Life Insurance Company

Form Number(s):

CH-26055-IP OC (5/07) AR

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Susan Dew

Name

Senior Vice President, Associate General Counsel and Chief Compliance Officer

Title

September 1, 2010

Date

Certificate of Compliance for Arkansas

This is to certify the attached form has achieved the Flesch Reading Ease Score given below and complies with the requirements of Arkansas Stat. Ann, 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language simplification Act.

Form Numbers and Form Names:

CH-26055-IP OC (5/07) AR Outline of Coverage

Flesch Reading Score:

50.3



Susan Dew, Senior Vice President, Associate General Counsel and Chief Compliance Officer

September 1, 2010

Date



**The Chesapeake
Life Insurance Company**
Home Office: Oklahoma City, OK

9151 Boulevard 26
North Richland Hills, TX 76180

September 1, 2010

Commissioner Jay Bradford
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201

Re: The Chesapeake Life Insurance Company

NAIC#: 264-61832

FEIN#: 52-0676509

Form Numbers

CH-26055-IP OC (5/07) AR

Form Description

Substitution Page of Outline of Coverage

Dear Commissioner Bradford:

Please find enclosed the substitution page of the Outline of Coverage which is being submitted for your review and approval. The above referenced substitution page of the Outline of Coverage is hereby intended to replace the previous page approved by your Department on:

OUTLINE OF COVERAGE FORM #	SERFF NUMBER	DISPOSITION DATE
CH-26055-IP OC (5/07) AR	MGCC-125182595	07/12/2007

For consistency purposes with the Amendatory Endorsement that was recently filed with your Department, the last sentence under the **RENEWAL CONDITIONS** section has been hereby revised to the following:

The premium for this Policy is based on the issue age of the Insured Person at the time in which this Policy becomes effective.

The Amendatory Endorsement which is intended to accompany the Outline of Coverage which is pending approval by your state on:

POLICY FORM NUMBER	SERFF NUMBER	DISPOSITION DATE
AE CH-26055-IP 5/07 (06/10)	MGCC-126795395	Submitted 08/31/2010

To the best of our knowledge, information and belief, the form submitted herewith is in compliance in all respects with the provisions of the insurance laws, rules, and regulations of your state. Additionally, as required by your state, all required Certifications and/or Transmittal Forms.

Thank you for your assistance with this filing; we appreciate the opportunity. Should you have any questions regarding this submission, or if anything further is needed to expedite your review and approval, please do not hesitate to call me collect at (817) 255-5649.

Respectfully,

Courtney Sharp
Compliance Analyst II, Product Compliance
Corporate Compliance

9151 Boulevard 26 • North Richland Hills • TX 76180
P (817) 255-5649 • F (817) 255-8153
Courtney.Sharp@HealthMarkets.com