

SERFF Tracking Number: AMRP-127698689 State: Arkansas
 Filing Company: World Corp Insurance Company State Tracking Number: 49994
 Company Tracking Number: 09AR0648
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.005 Plan F (Basic) 2010
 Standard Plans 2010
 Product Name: WCIC Website Advertisement
 Project Name/Number: WCIC Website Advertisement/09AR0648

Filing at a Glance

Company: World Corp Insurance Company

Product Name: WCIC Website Advertisement SERFF Tr Num: AMRP-127698689 State: Arkansas

TOI: MS08I Individual Medicare Supplement - SERFF Status: Closed-Filed- State Tr Num: 49994
 Standard Plans 2010 Closed

Sub-TOI: MS08I.005 Plan F (Basic) 2010 Co Tr Num: 09AR0648 State Status: Filed-Closed

Filing Type: Advertisement Reviewer(s): Stephanie Fowler

Authors: Andrea Davey, Patricia Corrigan Disposition Date: 10/10/2011

Corrigan

Date Submitted: 10/10/2011 Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: WCIC Website Advertisement

Project Number: 09AR0648

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: Resubmission

Individual Market Type:

Filing Status Changed: 10/10/2011

State Status Changed: 10/10/2011

Created By: Patricia Corrigan

Corresponding Filing Tracking Number:

Filing Description:

Re: Individual Medicare Supplement Advertising

Form: WC QU 1000 Rev.06/11

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Previous Filing Number: AMRP-126516078

Overall Rate Impact:

Deemer Date:

Submitted By: Patricia Corrigan

We are submitting the above referenced form for your review and approval. This form was previously approved under, AMRP-126516078.

The following changes have been made;

1. The title was changed to state, " CompletePlus Medicare Supplement 3-Step Quote.

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2. An area to include the applicant's email address was added. Also, text was added indicating that the email address will not be shared or sold.
3. The "Date of Birth" fields were re-formatted.
4. We added an area for the applicant to indicate gender.
5. We added the disclosure, " By submitting this form, you are opting-in to further marketing communication from World Corp Insurance Company and its affiliates. You may opt out at any time by selecting the Opt- Out link in a received email.

We hope you find this form satisfactory. If you have any questions, please contact me at, 1-800-247-2190 ext. 2810.

Thank you.

Company and Contact

Filing Contact Information

Patricia Corrigan, patricia.corrigan@americanenterprise.com
 601 6th Ave. 330-220-1931 [Phone]
 Des Moines, IA 50309

Filing Company Information

World Corp Insurance Company CoCode: 79987 State of Domicile: Nebraska
 11808 Grant Street Group Code: 3527 Company Type: Life and Health
 P O Box 3160 Group Name: American Enterprise State ID Number:
 Omaha, NE 68103-0160 FEIN Number: 56-0710065
 (402) 486-8289 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 per form x 1 form = \$50.00

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Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
World Corp Insurance Company	\$50.00	10/10/2011	52651368

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	10/10/2011	10/10/2011

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Disposition

Disposition Date: 10/10/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Lead Form Number: WC QU 1000 Rev. 06/11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed 10/10/2011	WC QU 1000 Rev. 06/11	Advertising	WCIC Website Advertisement	Revised	Replaced Form #: WC QU 1000 Previous Filing #: AMRP- 126516078		WC QU 1000 Rev. 06-11 Bracketed.pdf

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[CompletePlus Plans](#)
[3-Step Quote](#)
[Apply](#)
[Answers](#)
[About Us](#)

CompletePlus Medicare Supplement 3-Step Quote

Step 1: About You

First Name*

E-Mail Address*

Confirm E-Mail Address*

Your e-mail address will never be shared or sold. It may be used to send you important notices.

ZIP Code*

Effective Date*

MM/DD/YYYY

Date of Birth*

Are you part of a couple?

 Yes No

 Sex*
 Male Female

* Required Field

WC-OU-1000 Rev. 09/11

By submitting this form, you are opting-in to further marketing communication from World Corp Insurance Company and its affiliates. You may opt out at any time by selecting the Opt Out link in a received email.

Our Simple Formula to Avoid Overpaying



Preferred Rates & Couples Discount + Online Application Savings for You

WC AD 1054 02/04/2011

We Wouldn't Tease You



Our affordable rates aren't introductory rates. They are the savings we pass on to you through our exclusive discounts and direct application process.

WC AD 1058 03/09/2011

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