

SERFF Tracking Number: UNAM-127675910 State: Arkansas  
Filing Company: Constitution Life Insurance Company State Tracking Number: 49933  
Company Tracking Number: CL-M1  
TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity  
Product Name: Multi Product Lead Card  
Project Name/Number: /

## Filing at a Glance

Company: Constitution Life Insurance Company

Product Name: Multi Product Lead Card SERFF Tr Num: UNAM-127675910 State: Arkansas

TOI: H14I Individual Health - Hospital Indemnity SERFF Status: Closed-Filed State Tr Num: 49933

Sub-TOI: H14I.000 Health - Hospital Indemnity Co Tr Num: CL-M1 State Status: Filed-Closed

Filing Type: Form Reviewer(s): Donna Lambert

Author: Holly Parenti Disposition Date: 10/06/2011

Date Submitted: 10/03/2011 Disposition Status: Filed

Implementation Date Requested: On Approval Implementation Date: 11/07/2011

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile:

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

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 10/06/2011

State Status Changed: 10/06/2011

Deemer Date:

Created By: Holly Parenti

Submitted By: Holly Parenti

Corresponding Filing Tracking Number:

Filing Description:

CL-M1 Multi Insurance Product Lead Card

CL-M2 Multi Insurance Product Lead Card

Dear Sir or Madam:

We submit the above form for your review and approval. This advertising material has been approved by your state on Cancer 5/16/08, Hospital Indemnity 4/16/09, Whole Life 10/8/08 and Dental on 8/17/09.

We consider this advertisement an invitation to inquire for our Multi Product Insurances approved by your Department.

If additional information is needed, please contact me at 800-275-6667 ext. 8531 or hparenti@uafc.com

SERFF Tracking Number: UNAM-127675910 State: Arkansas  
 Filing Company: Constitution Life Insurance Company State Tracking Number: 49933  
 Company Tracking Number: CL-M1  
 TOI: H141 Individual Health - Hospital Indemnity Sub-TOI: H141.000 Health - Hospital Indemnity  
 Product Name: Multi Product Lead Card  
 Project Name/Number: /

## Company and Contact

### Filing Contact Information

Holly Parenti, hparenti@uafc.com  
 P.O. Box 958465 407-628-1776 [Phone] 8531 [Ext]  
 Lake Mary, FL 32795-8465

### Filing Company Information

Constitution Life Insurance Company CoCode: 62359 State of Domicile: Texas  
 1001 Heathrow Park Lane Group Code: 953 Company Type:  
 Suite 5001 Group Name: State ID Number:  
 Lake Mary, FL 32746 FEIN Number: 36-1824600  
 (407) 995-8000 ext. [Phone]

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 per ad (2 ads)  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Constitution Life Insurance Company	\$100.00	10/03/2011	52380692

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Donna Lambert	10/06/2011	10/06/2011
Approved	Donna Lambert	10/06/2011	10/06/2011

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
FILED NOT APPROVED	Note To Filer	Donna Lambert	10/06/2011	10/06/2011

*SERFF Tracking Number:* UNAM-127675910      *State:* Arkansas  
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## **Disposition**

Disposition Date: 10/06/2011

Implementation Date: 11/07/2011

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Filed	No
Supporting Document	Application	Filed	No
Supporting Document	Health - Actuarial Justification	Filed	No
Supporting Document	Outline of Coverage	Filed	No
Form	Med Supp Lead Card	Filed	No
Form	Med Supp Lead Card	Filed	No

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## **Disposition**

Disposition Date: 10/06/2011

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Status: Approved

Comment:

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Filed	No
<b>Supporting Document</b>	Application	Filed	No
<b>Supporting Document</b>	Health - Actuarial Justification	Filed	No
<b>Supporting Document</b>	Outline of Coverage	Filed	No
<b>Form</b>	Med Supp Lead Card	Filed	No
<b>Form</b>	Med Supp Lead Card	Filed	No

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**Note To Filer**

**Created By:**

Donna Lambert on 10/06/2011 03:53 PM

**Last Edited By:**

Donna Lambert

**Submitted On:**

10/06/2011 03:53 PM

**Subject:**

FILED NOT APPROVED

**Comments:**

Please ignore the "approved" disposition and accept this submission as "filed."

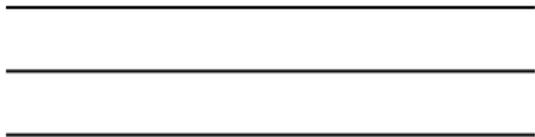
SERFF Tracking Number: UNAM-127675910 State: Arkansas  
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## Form Schedule

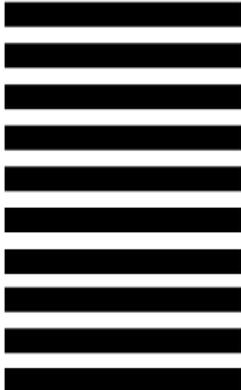
### Lead Form Number: CL-M1

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 10/06/2011	CL-M1	Advertising	Med Supp Lead Card	Initial			CL-M1.pdf
Filed 10/06/2011	CL-M2	Advertising	Med Supp Lead Card	Initial			CL-M2.pdf





NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. [665] [MERIDIAN MS]

POSTAGE WILL BE PAID BY ADDRESSEE:

CONSTITUTION LIFE  
INSURANCE COMPANY  
[PO BOX 1638]  
[MERIDIAN, MS 39302-9905]



# Don't Leave Your Family Unprotected

What impact would a medical emergency or death have on your family? Return this **postage-paid card** today to learn more about insurance products that can protect you in your time of need.\*

**I'm interested in learning more about...**  Life Insurance  Dental Insurance  Cancer Insurance  
 Hospital Indemnity Insurance

***** AUTOOCR**C 001 JOHN B. DOE 1234 ANYWHERE STREET CITY, ST 12345-6789 
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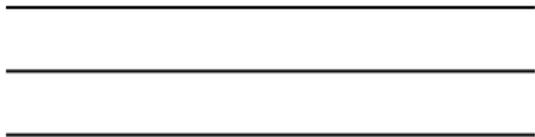
**Name:** \_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

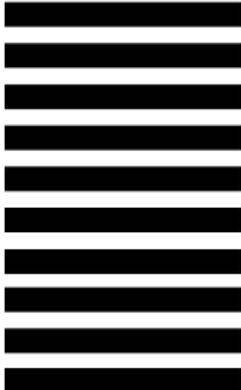
\* Not all products available in all states.

**Constitution Life Insurance Company.** Life Policy Series CL-LDBWL 09, Limited Benefit Dental Policy Series CLDEN09, CANCER ONLY Policy Series CL-C1(08), Hospital Indemnity policy series CL-HI4 (08). This is a solicitation for insurance. You may be contacted by a licensed agent about policy limitations, exclusions and rates.

CL-M2



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UNITED STATES



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. [665] [MERIDIAN MS]

POSTAGE WILL BE PAID BY ADDRESSEE:

CONSTITUTION LIFE  
INSURANCE COMPANY  
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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Flesch Certification	Filed	10/06/2011
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application	Filed	10/06/2011
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Health - Actuarial Justification	Filed	10/06/2011
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Outline of Coverage	Filed	10/06/2011
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			