

SERFF Tracking Number: ICCI-127852046 State: Arkansas
Filing Company: American Medical and Life Insurance Company State Tracking Number: 50381
Company Tracking Number: AMLI GRP LM 2.0 AE-PD (11/11)
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
Product Name: AMLI GRP LM 2.0 AE-PD (11/11)
Project Name/Number: AMLI GRP LM 2.0 AE-PD (11/11)/AMLI GRP LM 2.0 AE-PD (11/11)

Filing at a Glance

Company: American Medical and Life Insurance Company

Product Name: AMLI GRP LM 2.0 AE-PD SERFF Tr Num: ICCI-127852046 State: Arkansas
(11/11)

TOI: H14G Group Health - Hospital Indemnity SERFF Status: Closed-Approved State Tr Num: 50381

Sub-TOI: H14G.000 Health - Hospital Indemnity Co Tr Num: AMLI GRP LM 2.0 AE- State Status: Approved-Closed
PD (11/11)

Filing Type: Form

Reviewer(s): Donna Lambert

Author: Brenda Dawson

Disposition Date: 12/05/2011

Date Submitted: 12/01/2011

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date: 01/05/2012

State Filing Description:

General Information

Project Name: AMLI GRP LM 2.0 AE-PD (11/11)

Status of Filing in Domicile:

Project Number: AMLI GRP LM 2.0 AE-PD (11/11)

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

Group Market Type: Association

Overall Rate Impact:

Filing Status Changed: 12/05/2011

State Status Changed: 12/05/2011

Deemer Date:

Created By: Brenda Dawson

Submitted By: Brenda Dawson

Corresponding Filing Tracking Number:

Filing Description:

Please find attached to the form schedule tab Amendatory Endorsement form AMLI GRP LM 2.0 AE-PD (11/11). This Endorsement is intended to be attached to any Group Accident and Sickness Hospital Indemnity Certificates previously approved by your Department. This form is new and is not intended to replace any form previously approved by your Department. This Endorsement revises the definition of Doctor or Physician.

Insurance Compliance Consultants, Inc., is making this filing on behalf of American Medical and Life Insurance Company. A filing authorization letter is attached. All correspondence should be addressed to Insurance Compliance Consultants, Inc.

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Company and Contact

Filing Contact Information

Brenda Dawson, Authorized Representative Brendaawson@inscompliance.com
 3925 East State Street, Suite 200 815-316-6714 [Phone]
 Rockford, IL 61108 815-986-2355 [FAX]

Filing Company Information

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

American Medical and Life Insurance Company CoCode: 81418	State of Domicile: New York
8 West 38th Street	Company Type:
Suite 1002	State ID Number:
New York City, NY 10018	FEIN Number: 13-2562243
(646) 223-9300 ext. [Phone]	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per form
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Medical and Life Insurance Company	\$50.00	12/01/2011	54173217

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	12/05/2011	12/05/2011

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Form Schedule

Lead Form Number: AMLI GRP LM 2.0 AE-PD (11/11)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 12/05/2011	AMLI GRP LM 2.0 AE-PD (11/11)	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Amendatory Endorsement	Initial			AMLI AE Doctor 11-28- 11.pdf



AMENDATORY ENDORSEMENT

This Amendatory Endorsement is made a part of the Policy or Certificate to which it is attached and is subject to all terms and provisions of such Policy or Certificate not inconsistent herewith.

1. The definition of "Doctor or Physician" in the "General Definitions" section is deleted in its entirety. The following is substituted in its place:

A person, other than the Named Insured, a member of the Named Insured's immediate family, or a business associate of the Named Insured, who is duly licensed and who is legally qualified to diagnose and treat sickness and injuries. The *Physician* must be providing services within the scope of his or her license, and must be a board-certified specialist where required under the Policy.

There are no other changes to the Policy or Certificate.

This Amendatory Endorsement is endorsed and made a part of the Policy or Certificate as of [December 1, 2011] [or] [Your Certificate Effective Date] [whichever is later]. This Amendatory Endorsement expires concurrently with the Policy or Certificate to which it is attached.

In Witness Whereof, We have caused this Amendatory Endorsement to be signed by:

Chairman and Chief Executive Officer

Vice President and Chief Compliance Officer

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved	12/05/2011
Comments:		
Attachment: Cert of Comp. with Rule 19 AMLI AE-PD.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved	12/05/2011
Comments: The applications approved with these plans are under SERFF Tracking # ICCI-127126793 previously approved on 8/8/11 and ICCI-127126808 previously approved on 10/19/11.		

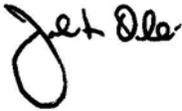
**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: American Medical and Life Insurance Company

Form Number(s):

Amendatory Endorsement – AMLI GRP 2.0 AE-PD (11/11)

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



Signature of Company Officer

John Ollis
Name

CEO and President
Title

November 30, 2011
Date