

SERFF Tracking Number: SEFL-127018997 State: Arkansas
Filing Company: Assurity Life Insurance Company State Tracking Number: 47898
Company Tracking Number: ASSIGN AMEND
TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
Product Name: ASSIGN AMEND
Project Name/Number: ASSIGN AMEND/ASSIGN AMEND

Filing at a Glance

Company: Assurity Life Insurance Company

Product Name: ASSIGN AMEND

SERFF Tr Num: SEFL-127018997 State: Arkansas

TOI: H14I Individual Health - Hospital Indemnity SERFF Status: Closed-Approved-
Closed State Tr Num: 47898

Sub-TOI: H14I.000 Health - Hospital Indemnity Co Tr Num: ASSIGN AMEND

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Author: Kristi Hendrickson

Disposition Date: 02/15/2011

Date Submitted: 02/04/2011

Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: ASSIGN AMEND

Status of Filing in Domicile: Pending

Project Number: ASSIGN AMEND

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: 02/15/2011

State Status Changed: 02/15/2011

Deemer Date:

Created By: Kristi Hendrickson

Submitted By: Kristi Hendrickson

Corresponding Filing Tracking Number:

Filing Description:

This amendment is being filed to be sent to all existing and new policyholders of the following forms:

Form No. Form Title Approval Date Filing No.

I H0750 (AR) Hospital Indemnity Policy 05/08/2008 38877

I H0755 (AR) Hospital Indemnity Policy 05/08/2008 38877

W H230 (AR) Hospital Indemnity Policy 0512/2008 38933

W C240 (AR) Cancer Expense Policy 09/30/2009 43447

These are indemnity products where benefit payments are made to the policy owner. It is not intended that payments

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 can be made to anyone other than the policy owner.

Company and Contact

Filing Contact Information

Kristi Hendrickson, Policy Filing Specialist policyfiling@assurity.com
 1526 K Street 402-437-3452 [Phone]
 Lincoln, NE 68508 402-437-3802 [FAX]

Filing Company Information

Assurity Life Insurance Company	CoCode: 71439	State of Domicile: Nebraska
1526 K Street	Group Code: -99	Company Type: Life/Health
P.O. Box 82533	Group Name:	State ID Number:
Lincoln, NE 68501-2533	FEIN Number: 38-1843471	
(800) 276-7619 ext. [Phone]		

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assurity Life Insurance Company	\$50.00	02/04/2011	44401777

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/15/2011	02/15/2011

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Disposition

Disposition Date: 02/15/2011

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
Form	Assignment Ammendment	Approved-Closed	Yes

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 02/15/2011	Amend 1101	Certificate	Assignment Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.500	Assign Amend.pdf



ASSIGNMENT AMENDMENT

The assignment section is hereby deleted in its entirety and the following language substituted in its place or added if there is not an assignment section:

Assignment. Neither the policy nor the benefits it provides can be assigned.

This amendment is attached to and forming part of Policy No. [_____] issued by Assurity Life Insurance Company.

(
President

(Carol S Watson
Secretary)

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	02/15/2011
Comments:			
Attachment:			
READ CERT.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	02/15/2011
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	02/15/2011
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	02/15/2011
Bypass Reason:	N/A		
Comments:			

READABILITY CERTIFICATION

I hereby certify the following forms were tested for readability using Microsoft® Word xp program and achieved the following test results:

Company Name: Assurity Life Insurance Company

Form Number(s): Amend 1101

Type of Form: Cancer

Form No.	Description	Flesch Score
Amend 1101	Assignment Amendment	51.5


Signature

February 4, 2011
Date

Carol S. Watson
Vice President, General Counsel and Secretary