

SERFF Tracking Number: CAIC-127280821 State: Arkansas  
Filing Company: Continental American Insurance Company State Tracking Number: 49075  
Company Tracking Number: 8257  
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness  
Limited Benefit  
Product Name: NGAA Dependent Age 26 Rider  
Project Name/Number: /8257

## Filing at a Glance

Company: Continental American Insurance Company

Product Name: NGAA Dependent Age 26 Rider SERFF Tr Num: CAIC-127280821 State: Arkansas

TOI: H07G Group Health - Specified Disease - SERFF Status: Closed-Accepted State Tr Num: 49075

Limited Benefit For Informational Purposes

Sub-TOI: H07G.001 Critical Illness

Co Tr Num: 8257

State Status: Filed-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Cindy Lama, Jennifer  
Bartow

Disposition Date: 06/23/2011

Date Submitted: 06/17/2011

Disposition Status: Accepted For  
Informational Purposes

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number: 8257

Date Approved in Domicile:

Requested Filing Mode:

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: 06/23/2011

State Status Changed: 06/23/2011

Deemer Date:

Created By: Jennifer Bartow

Submitted By: Jennifer Bartow

Corresponding Filing Tracking Number: 8257

Filing Description:

Please accept this informational filing as notice of CAIC's intent to use form CAI0040AR with forms CAI2800AR-NGAA, et al. Both sets of forms have been previously approved by your department. We do not wish to alter the forms in any way -- only to use them together.

Forms CAI2800AR-NGAA, et al., are critical illness forms used for a specific association, the National Guard Association of Arkansas. We wish to extend our dependent coverage to age 26, as we have for our other approved products, through rider form number CAI0040AR. This was approved by your department on September 16, 2010. As with our

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other products, this change is merely an added benefit to the insured to bring CAIC's voluntary products in line with major medical coverage requirements. This will not change rates

If you have any questions or need additional information, please do not hesitate to contact me. Thank you for your help and attention to this matter.

## Company and Contact

### Filing Contact Information

Jennifer Bartow, jbartow@caicworksite.com  
 2801 Devine Street 803-461-4381 [Phone]  
 Columbia, SC 29205

### Filing Company Information

Continental American Insurance Company CoCode: 71730 State of Domicile: South Carolina  
 2801 Devine Street Group Code: Company Type: LAH  
 Columbia, SC 29205 Group Name: Continental Amer Ins State ID Number:  
 Co  
 (803) 256-6265 ext. [Phone] FEIN Number: 57-0514130  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$0.00  
 Retaliatory? No  
 Fee Explanation: This is an informational filing only.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental American Insurance Company	\$0.00	06/17/2011	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Rosalind Minor Informational Purposes		06/23/2011	06/23/2011

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## Disposition

Disposition Date: 06/23/2011

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>CAIC-127280821</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Continental American Insurance Company</i>	<i>State Tracking Number:</i>	<i>49075</i>
<i>Company Tracking Number:</i>	<i>8257</i>		
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.001 Critical Illness</i>
<i>Product Name:</i>	<i>NGAA Dependent Age 26 Rider</i>		
<i>Project Name/Number:</i>	<i>/8257</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Accepted for Informational Purposes	Yes
<b>Supporting Document</b>	Application	Accepted for Informational Purposes	Yes

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Flesch Certification	Accepted for Informational Purposes	06/23/2011
<b>Bypass Reason:</b>	This is an informational filing only. No new forms are being submitted -- we only wish to use two sets of previously-approved forms together.		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application	Accepted for Informational Purposes	06/23/2011
<b>Bypass Reason:</b>	This is an informational filing only. No new forms are being submitted -- we only wish to use two sets of previously-approved forms together.		
<b>Comments:</b>			