

SERFF Tracking Number: CNSC-127949411 State: Arkansas
Filing Company: Washington National Insurance Company State Tracking Number:
Company Tracking Number: A1074
TOI: H03I Individual Health - Accidental Death & Sub-TOI: H03I.000 Health - Accidental Death &
Dismemberment Dismemberment
Product Name: 2012 WNIC Accident Product Amendment
Project Name/Number: 2012 WNIC Accident Product Amendment/A1074 et.al.

Filing at a Glance

Company: Washington National Insurance Company

Product Name: 2012 WNIC Accident Product SERFF Tr Num: CNSC-127949411 State: Arkansas
Amendment

TOI: H03I Individual Health - Accidental Death SERFF Status: Closed-Approved State Tr Num:
& Dismemberment

Sub-TOI: H03I.000 Health - Accidental Death & Co Tr Num: A1074 State Status: Approved-Closed
Dismemberment

Filing Type: Form

Reviewer(s): Donna Lambert

Authors: Beth Blackwell, Stacey
Farmer, Michelle Garba

Disposition Date: 01/24/2012

Date Submitted: 01/23/2012

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date: 02/24/2012

State Filing Description:

General Information

Project Name: 2012 WNIC Accident Product Amendment

Status of Filing in Domicile: Pending

Project Number: A1074 et.al.

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: 01/24/2012

State Status Changed: 01/24/2012

Deemer Date:

Created By: Michelle Garba

Submitted By: Stacey Farmer

Corresponding Filing Tracking Number: A1074

Filing Description:

Subject: Washington National Insurance Company

NAIC Number: 70319

Individual Accidental Death and Dismemberment Product

Amendment Rider and Outline of Coverage Filing

Forms: A1074 – Amendment

A1075 – Amendment

OC1022R2 – Outline of Coverage

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The above referenced forms are being filed for use with a previously approved accidental death and dismemberment product. These forms are new and do not replace any previously filed forms. Upon implementation the amendments will only be attached to new business.

The accidental death and dismemberment product (CIC1022AR) was previously approved on 01/19/2007 in your state.

A1074 is an amendment that removes the preexisting condition limitation language from the policy and revises the child's limiting age to younger than 26.

A1075 this amendments purpose is to: remove the preexisting condition limitation on the base accident product, revise the child's limiting age and change the work hours required for the disability options and the optional sickness disability rider. The company is filing the number of work hours as a range between 10 to 27.5 hours.

OC1022R2 is the outline of coverage that will be used for this product. The outline of coverage is only intended to outline the benefits available in the product.

Any filing fees, transmittals or certifications, as required are attached.

Thank you for your time and consideration on this filing. If you have any further questions regarding this, please feel free to contact me.

Sincerely,
Stacey Farmer

Company and Contact

Filing Contact Information

Stacey Farmer, Compliance Analyst stacey_farmer@conseco.com
11825 N Pennsylvania St 800-888-4918 [Phone] 2954 [Ext]
Carmel, IN 46032 317-817-2333 [FAX]

Filing Company Information

Washington National Insurance Company CoCode: 70319 State of Domicile: Indiana
11815 N. Pennsylvania St. Group Code: 233 Company Type: Insurance
Carmel, IN 46032 Group Name: State ID Number:

SERFF Tracking Number: CNSC-127949411 State: Arkansas
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(800) 888-4918 ext. [Phone] FEIN Number: 36-1933760

Filing Fees

Fee Required? Yes
Fee Amount: \$150.00
Retaliatory? No
Fee Explanation: \$50 PER FORM, TOTAL OF 3 FORMS
Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---------------------------------------|----------|----------------|---------------|
| Washington National Insurance Company | \$150.00 | 01/23/2012 | 55711031 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|---------------|------------|----------------|
| Approved | Donna Lambert | 01/24/2012 | 01/24/2012 |

SERFF Tracking Number: CNSC-127949411 *State:* Arkansas
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Disposition

Disposition Date: 01/24/2012

Implementation Date: 02/24/2012

Status: Approved

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 | Yes |
| Supporting Document | Application | Approved | Yes |
| Supporting Document | Health - Actuarial Justification | Approved | Yes |
| Supporting Document | Outline of Coverage | Approved | Yes |
| Supporting Document | Statement of Variability | Approved | Yes |
| Form | AMENDMENT | Approved | Yes |
| Form | AMENDMENT | Approved | Yes |
| Form | OUTLINE OF COVERAGE | Approved | Yes |

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Form Schedule

Lead Form Number: A1074

| Schedule Item | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|------------------------|-------------|-----------------------------------|------------------------|---------|----------------------|-------------|-------------------|
| Approved 01/24/2012 | A1074 | Policy/Cont ract/Fratern al | AMENDMENT | Initial | | 50.100 | A1074.pdf |
| Approved 01/24/2012 | A1075 | Policy/Cont ract/Fratern al | AMENDMENT | Initial | | 50.300 | A1075.pdf |
| Approved 01/24/2012 | OC1022R2 | Outline of Coverage | OUTLINE OF COVERAGE | Initial | | 50.600 | OC- 1022R2.pdf |

Washington National Insurance Company
Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555
Telephone: 1-800-888-4918

Amendment

This Amendment is a part of the policy to which it is attached. That Policy is called "the Policy" in this Amendment. This Amendment is subject to all of the terms, provisions, definitions and exclusions of the Policy, except as stated in this Amendment.

The Pre-Existing Conditions limitation is hereby removed from the Policy in its entirety.

The Child Definition is hereby amended as follows: the Limiting Age is younger than 26.

A handwritten signature in cursive script that reads "Karl W Kiliy".

Secretary

Washington National Insurance Company
Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555
Telephone: 1-800-888-4918

Amendment

This Amendment is a part of the policy to which it is attached. That Policy is called "the Policy" in this Amendment. This Amendment is subject to all of the terms, provisions, definitions and exclusions of the Policy, except as stated in this Amendment.

The Pre-Existing Conditions limitation is hereby removed from the Policy in its entirety, except as expressly stated in the Sickness Disability Rider, if attached.

The Child Definition is hereby amended as follows: the Limiting Age is younger than 26.

Any Disability Benefits elected in the Policy or attached Rider(s) are hereby amended as follows: The number of work hours per week is [10 – 27.5].



Secretary

OUTLINE OF COVERAGE

ACCIDENTAL DEATH AND DISMEMBERMENT

THE POLICY PROVIDES LIMITED BENEFITS. BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

POLICY FORM CIC1022

PLEASE READ YOUR POLICY CAREFULLY: This Outline of Coverage provides a very brief description of the important features of Your Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both You and Your insurance company. It is, therefore, important that You READ YOUR POLICY CAREFULLY!

Accidental Death and Dismemberment coverage is designed to provide, to persons insured, coverage for certain Losses resulting from a Covered Accident ONLY, subject to any limitations and exclusions contained in the Policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

BENEFITS PROVIDED UNDER THE POLICY:

Please indicate the proposed insured's choice by checking the appropriate box:

LEVEL 1
 LEVEL 2

ACCIDENTAL DEATH: If an Accidental Injury causes an Insured to die within 90 days after the Covered Accident, We will pay a lump sum Accidental Death Benefit for Accidental Death, Motorized Vehicle Accident, Pedestrian Accident, or Common Carrier in accordance with the Policy.

DISMEMBERMENT: If a Covered Accident causes the Dismemberment of a finger, hand, toe, foot, arm, leg, or eye within one year after the Covered Accident We will pay a benefit in accordance with the Policy.

FRACTURE: If as part of a Covered Accident You fracture a bone and it is diagnosed and treated by a Physician within 90 days after the Covered Accident, We will pay a benefit in accordance with the Policy. If the fracture requires surgical incision We will pay in accordance with the Policy.

DISLOCATION: If as part of a Covered Accident You dislocate a joint and it is diagnosed and treated by a Physician within 90 days after the Covered Accident, We will pay a benefit in accordance with the Policy. If the dislocation requires surgical incision to relocate the joint, We will pay in accordance with the Policy.

LACERATION: If as part of a Covered Accident You are lacerated and Your laceration is repaired with sutures by a Physician within 72 hours after the Covered Accident, We will pay in accordance with the Policy.

INJURIES REQUIRING SURGERY:

EYE INJURY: If as part of a Covered Accident You injure Your eye and eye surgery is performed due to the Covered Accident by a Physician within 90 days after the Covered Accident, We will pay in accordance with the Policy.

TENDON AND LIGAMENT: If as part of a Covered Accident You tear, sever or rupture Your tendon or ligament and have the injured tendon or ligament repaired through surgical incision by a Physician within 90 days after the Covered Accident, We will pay in accordance with the Policy. If the dislocation or fracture benefit is payable due to the same Covered Accident this benefit is not payable.

RUPTURED DISC: If as part of a Covered Accident You rupture a disc in Your spine and receive treatment for the rupture from a Physician within 60 days after the Covered Accident, and have the rupture repaired through surgical incision by a Physician within one year after the Covered Accident, We will pay in accordance with the Policy. The amount payable will be based on the length of time You have been insured under the Policy on the date Your Covered Accident occurred.

TORN CARTILAGE: If as part of a Covered Accident You tear cartilage and receive treatment for the torn cartilage from a Physician within 60 days after the Covered Accident and have the torn cartilage repaired through surgical incision by a Physician with one year after the Covered Accident, We will pay in accordance with the Policy. The amount payable will be based on the length of time You have been insured under the Policy on the date Your Covered Accident occurred.

HERNIA: If as part of a Covered Accident You suffer a hernia and receive treatment for the hernia from a Physician within 60 days after the Covered Accident, and have the hernia repaired through a surgical incision by a Physician within one year after the Covered Accident, We will pay in accordance with the Policy. The amount payable will be based on the length of time You have been insured under the Policy on the date Your Covered Accident occurred. If Your hernia is a herniated disc, We will pay the ruptured disc benefit in lieu of the hernia benefit.

PARALYSIS: If as part of a Covered Accident Your injury causes paraplegia or quadriplegia which is diagnosed by a Physician within 90 days after the Covered Accident, We will pay in accordance with the Policy. If you also die as a result of the same Covered Accident, We will reduce the Accidental Death benefit by the amount paid under the paralysis benefit.

BURN: If as part of a Covered Accident You are burned and Your burns are treated by a Physician within 72 hours after the Covered Accident, We will pay in accordance with the Policy. Benefits are not payable for first degree burns.

HOSPITAL CONFINEMENT: If as part of a Covered Accident You are hospital confined, We will pay in accordance with the Policy.

INTENSIVE CARE UNIT: If as part of a Covered Accident You are confined to an intensive care unit, we will pay in accordance with the Policy. This benefit is payable for up to 15 days per Covered Accident.

EMERGENCY ROOM SERVICES: If as part of a Covered Accident You are admitted to an emergency room within 72 hours of the Covered Accident, we will pay in accordance with the Policy.

AMBULANCE: If as part of a Covered Accident You are transported by ambulance to a Hospital within 72 hours, We will pay in accordance with the Policy.

PHYSICIAN'S OFFICE VISIT BENEFIT: If due to a Covered Accident You visit a Physician's office for which charges are made, We will pay in accordance with the Policy. This benefit is limited to 2 visits per Covered Accident.

PHYSICAL THERAPY BENEFIT: If due to a Covered Accident You have physical therapy, We will pay in accordance with the Policy. This benefit is limited to 8 therapy sessions per Covered Accident.

MEDICAL IMAGING BENEFIT: If due to a Covered Accident You have any of the following medical imaging exams CT (computerized tomography) scan, MRI (magnetic resonance imaging), EEG (electroencephalogram), We will pay in accordance with the Policy.

BLOOD AND PLASMA BENEFIT: If due to a Covered Accident You incur a Loss for receiving whole blood, plasma, red cells, packed cells or platelets, We will pay in accordance with the Policy. We will not pay for processing, administration, storage, laboratory charges, blood or blood components replaced by donors. This benefit is payable once per Covered Accident.

PROSTHESIS BENEFIT: If due to a Covered Accident for which You received benefits under the Policy You are prescribed prosthetic devices as prescribed by a Physician, We will pay in accordance with the Policy. Devices must be received within three years after the date of the Covered Accident for which we paid benefits.

TRANSPORTATION BENEFIT: If as part of a Covered Accident You requires special treatment and confinement in a Hospital for injuries sustained, We will pay in accordance with the Policy. This benefit is payable for the trip to the Hospital. The local attending Physician must prescribe the treatment, and the treatment must not be available locally. This benefit is not payable for transportation to any hospital located within a 100-mile radius of the site of the Accident or residence of the Insured. Ambulance or air ambulance transportation is only payable under the Ambulance benefit. This benefit is payable for up to three trips per calendar year per Insured.

FAMILY LODGING BENEFIT: If as part of a Covered Accident When the Insured must travel more than 100 miles from their residence to be confined in a Hospital because treatment for injuries sustained in a Covered Accident are not available locally, We will pay in accordance with the Policy for one hotel/motel room for the member(s) of their Immediate Family who accompanied the Insured. This benefit is only payable during the Insured's Period of Confinement. The local attending Physician must prescribe the treatment. This benefit is payable up to 30 days per Covered Accident. The Hospital and hotel/motel must be more than 100 miles from the residence of the Insured.

Please indicate the proposed insured's choice by checking the appropriate box, if any. The Disability benefits are only available for the Policyowner:

- OFF-THE-JOB ACCIDENT TOTAL DISABILITY BENEFIT**
 24 HOUR ACCIDENT SHORT TERM DISABILITY BENEFIT

OFF-THE-JOB ACCIDENT TOTAL DISABILITY BENEFIT: The Policyowner will be eligible for this benefit, if employed at least [10 - 27.5] hours per week at the time the Off-The-Job Covered Accident occurs and if, as the result of Accidental Injury, the Policyowner is:

- Totally Disabled within 90 Days of the Covered Accident;
- not engaged in any employment or occupation for pay, benefit, or profit; and,
- being cared for on a regular basis (at least monthly) by a Physician. This requirement is waived if the Physician states that maximum recovery has been reached and continued future treatment is of no benefit.

If the eligible Policyowner is not Totally Disabled for a full month, We will pay benefits for each full Day of Total Disability during the Policyowner's eligibility for this benefit. Daily benefits will be paid at the rate of 1/30 of the monthly amount.

If the Policyowner becomes Totally Disabled again due to the same type of bodily injury within six (6) months of the end of a period during which the Policyowner was Totally Disabled, We will treat this disability as the same disability. The maximum benefit period for a covered disability is 12 months.

We will pay only one disability benefit for a period of Total Disability even if the disability is caused by more than one Covered Accident.

This benefit is guaranteed renewable until the Policyowner's attainment of age 70. At age 70 this benefit will end.

24 HOUR ACCIDENT SHORT TERM DISABILITY BENEFIT: The Policyowner will be eligible for this benefit, if employed at least [10 - 27.5] hours per week at the time the Covered Accident occurs and if, as the result of an Accidental Injury, the Policyowner is:

- Totally Disabled within 90 Days of the Covered Accident;
- not engaged in any employment or occupation for pay, benefit, or profit; and,
- being cared for on a regular basis (at least monthly) by a Physician. This requirement is waived if the Physician states that maximum recovery has been reached and continued future treatment is of no benefit.

We will pay this benefit beginning with the first full Day of the Policyowner's total disability.

If the eligible Policyowner is not Totally Disabled for a full month, We will pay benefits for each full Day of Total Disability during the Policyowner's eligibility for this benefit. Daily benefits will be paid at the rate of 1/30 of the monthly amount.

If the Policyowner becomes Totally Disabled again due to the same type of bodily injury within six (6) months of the end of a period during which the Policyowner was Totally Disabled, We will treat this disability as the same disability. The maximum benefit period for a covered disability is 12 months.

We will pay only one disability benefit for a period of Total Disability even if the disability is caused by more than one Covered Accident.

This benefit is guaranteed renewable until the Policyowner's attainment of age 70. At age 70 this benefit will end.

LIMITATIONS AND EXCLUSIONS:

You will be eligible for benefits under the Policy if: You have a Covered Accident; You incur a Loss while You are insured under the Policy; and, Your Loss is not excluded by name or specific description in the Policy.

We will not pay benefits for Loss contributed to, caused by, or resulting from Your:

FLYING: Operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft including those which are not motor-driven.

HAZARDOUS ACTIVITIES: Hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, or mountaineering.

ILLEGAL ACTS: Participating or attempting to participate in an illegal act, or working at an illegal job.

INTOXICATION: Being legally intoxicated, or so intoxicated that mental or physical abilities are seriously impaired, being under the influence of any illegal drugs, or being under the influence of any narcotic, unless such narcotic is taken under the direction of and as directed by a Physician.

RACING: As a rider in or driving any motor-driven vehicle in a race, stunt show or speed test; or while testing any vehicle on any racecourse or speedway.

SELF-INFLICTED INJURIES (SANE OR INSANE): Injuring or attempting to injure Yourself intentionally, regardless of mental capacity.

SICKNESS: Having any disease, bodily or mental illness, or degenerative process. We also will not pay benefits for any related medical treatments or diagnostic procedures.

SPORTS: Participating in any sporting event for pay or prize money.

SUICIDE (SANE OR INSANE): Committing or attempting to commit suicide, regardless of mental capacity.

TRAVEL: Being in an Accident which occurs more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas and the Virgin Islands, Bermuda and Jamaica, except under the Accidental Death Benefit.

WAR/MILITARY SERVICE: Being exposed to war or any act of war, declared or not, or participating in or contracting with the armed forces (including Coast Guard) of any country or international authority. We will return, at Your request, the prorated Premium paid for You for any period You are not insured by the Policy while You are in such service.

SUMMARY OF CLAIMS DETERMINATION PROCESS:

As provided for in the Eligibility for Benefits and the Limitations and Exclusions sections of Your Policy, the following steps are taken in order to determine eligibility under any claim filed: (1) determine when the claim was incurred, and whether the loss is covered by the Policy. This step may require the collection of medical records, a death certificate, autopsy findings from a medical examiner or coroner, and information regarding medical history from Physicians, Hospitals, other insurance companies, government agencies and medical records copying services; (2) determine if the claim was incurred at a time when Your coverage was in force, or during a lapse in coverage; and (3) determine if any Policy exclusions exist for the claim.

RENEWABILITY OF THE POLICY:

The Policy is continuously renewed by the payment of Premiums when due. However, disability benefits are guaranteed renewable only until age 70, if included.

PREMIUM:

Your initial premium depends on the optional benefits You selected. We reserve the right to change premium rates upon written notice at least 31 days before the change is to become effective.

OPTIONAL RIDERS: Please indicate the proposed insured's choices by checking the appropriate box(es).

SICKNESS DISABILITY RIDER:

The Policyowner will be eligible for this benefit, if employed at least [10 - 27.5] hours per week at the time the Sickness is diagnosed and if, as the result of Sickness, the Policyowner is:

- Totally Disabled;
- not engaged in any employment or occupation for pay, benefit, or profit; and,
- being cared for on a regular basis (at least monthly) by a Physician. This requirement is waived if the Physician states, that maximum recovery has been reached and continued future treatment is of no benefit.

The benefit contains an Elimination Period of 14 days for each Sickness. This means that We will not pay benefits for the first 14 days of Your Total Disability.

If the Policyowner is not Totally Disabled for a full month, We will pay benefits for each full Day of Total Disability during the Policyowner's eligibility for this benefit. Daily benefits will be paid at the rate of 1/30 of the monthly amount.

If the Policyowner becomes Totally Disabled again due to the same Sickness within six (6) months of the end of a period during which the Policyowner was Totally Disabled, We will treat this disability as the same disability. The maximum benefit period for a covered disability is 12 months. We will pay only one Total Disability Benefit during a period of Total Disability even if the disability is caused by more than one Sickness.

PUBLIC SAFETY RIDER

The Policyowner only is eligible for this benefit if he/she receives a gunshot wound from a conventional firearm while working in the line of duty as a public safety officer and within the course and scope of duty and within 24 hours of the shooting receives treatment for the wound from a physician at a hospital, we will pay \$2,000.

WAIVER OF PREMIUM RIDER

When the Policyowner is Totally Disabled as determined under the Policy or the Sickness Disability Rider (if attached to the Policy), We will waive the Premium for the period of disability. We will waive the Premium for no longer than a continuous period of Total Disability and for no longer than the maximum period of 12 months.

PHYSICIAN'S OFFICE ADDITIONAL BENEFITS RIDER

When an Insured person visits a Physician's Office due to a Covered Accident this Rider will pay an additional benefit for each Covered Accident: (1) \$50 when the Physician's Office Visit benefit and other Policy benefits are payable; or, (2) \$200 when the Physician's Office Visit benefit is the only Policy benefit payable. We will only pay this benefit once per Covered Accident for each Insured.

THIS OUTLINE OF COVERAGE IS A BRIEF SUMMARY OF THE BENEFITS PROVIDED. PLEASE CONSULT THE POLICY ITSELF TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS.

PLEASE RETAIN THIS OUTLINE OF COVERAGE FOR YOUR RECORDS.

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Supporting Document Schedules

| | Item Status: | Status Date: |
|--|---------------------|-------------------------|
| Satisfied - Item: Flesch Certification | Approved | 01/24/2012 |
| Comments: | | |
| Attachment: AR Certif of Compliance with Rule 19.pdf | | |

| | Item Status: | Status Date: |
|-------------------------------------|---------------------|-------------------------|
| Bypassed - Item: Application | Approved | 01/24/2012 |
| Bypass Reason: N/A | | |
| Comments: | | |

| | Item Status: | Status Date: |
|--|---------------------|-------------------------|
| Bypassed - Item: Health - Actuarial Justification | Approved | 01/24/2012 |
| Bypass Reason: N/A | | |
| Comments: | | |

| | Item Status: | Status Date: |
|--|---------------------|-------------------------|
| Bypassed - Item: Outline of Coverage | Approved | 01/24/2012 |
| Bypass Reason: LOCATED UNDER FORMS SCHEDULE | | |
| Comments: | | |

| | Item Status: | Status Date: |
|--|---------------------|-------------------------|
| Satisfied - Item: Statement of Variability | Approved | 01/24/2012 |
| Comments: | | |
| Attachment: Statement of Variability.pdf | | |

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

Insurer: Washington National Insurance Company

Form Number(s): A1074, A1075, & OC-1022R2

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



Signature of Company Officer

Mathias E Brown

Name

Senior Director and Assistant Secretary

Title

01/20/2012

Date

Statement of Variability

The number of work hours is being filed as a range between 10 to 27.5 hours per week. The number of hours will be based upon the companies underwriting standards for this product. The number of hours will be no less than 10 and no more than 27.5.