

State: Arkansas **Filing Company:** Kanawha Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Memorial Fund - Name Change Informational Filing
Project Name/Number: /

Filing at a Glance

Company: Kanawha Insurance Company
Product Name: Memorial Fund - Name Change Informational Filing
State: Arkansas
TOI: L071 Individual Life - Whole
Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Filing Type: Form
Date Submitted: 10/10/2012
SERFF Tr Num: HUMA-128719936
SERFF Status: Closed-Accepted For Informational Purposes
State Tr Num:
State Status: Closed-Accepted for Informational Purposes
Co Tr Num:

Implementation: On Approval
Date Requested:
Author(s): Judy Lanning, Nancy Anderson, Glenda Howell, Gary Newman
Reviewer(s): Linda Bird (primary)
Disposition Date: 10/15/2012
Disposition Status: Accepted For Informational Purposes
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Kanawha Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Memorial Fund - Name Change Informational Filing
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General Information

Project Name: Status of Filing in Domicile: Pending
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Informational Domicile Status Comments: Filed simultaneously in our domicile state of South Carolina.
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 10/15/2012
 State Status Changed: 10/15/2012
 Deemer Date: Created By: Gary Newman
 Submitted By: Gary Newman Corresponding Filing Tracking Number:

Filing Description:

The cover page (page 1) of Form 00800 1/88 and the cover page for policy Form 00020 3/90 AR are being submitted to your state for informational purposes due to a company officer name change that is referenced on the forms. The only change being made is to the bracketed company officer names, no other changes are being made to the previously approved forms. This cover page will be used to replace the original cover page for the policy forms. Form 00800 1/88 is a whole life insurance product that provides life insurance coverage payable at the death of the insured. Form 00800 1/88 was originally approved on 9/16/91. Form 00020 3/90 AR is a whole life insurance product with a graded death benefit that was also approved on 9/16/91.

The only bracketed text is the name of the company officers.

Thank you for your attention to this submission. Anything you can do to expedite this request is greatly appreciated.

If you have any questions or concerns, you may contact me by calling 502-476-1423, or via email at gnewman@humana.com

Gary Newman

Company and Contact

Filing Contact Information

Gary Newman, Compliance Analyst gnewman@humana.com
 500 W. Main St. 502-476-1423 [Phone]
 Louisville, KY 40202

Filing Company Information

| | | |
|-----------------------------|-------------------------|--------------------------|
| Kanawha Insurance Company | CoCode: 65110 | State of Domicile: South |
| 210 South White Street | Group Code: 119 | Carolina |
| Lancaster, SC 29720 | Group Name: | Company Type: |
| (800) 635-4252 ext. [Phone] | FEIN Number: 57-0380426 | State ID Number: |

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00

State: Arkansas **Filing Company:** Kanawha Insurance Company
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Retaliatory? No
Fee Explanation: \$50.00 per form times 2 forms equals \$100.00
Per Company: No

| Company | Amount | Date Processed | Transaction # |
|---------------------------|----------|----------------|---------------|
| Kanawha Insurance Company | \$100.00 | 10/10/2012 | 63635725 |

SERFF Tracking #:

HUMA-128719936

State Tracking #:

Company Tracking #:

State: Arkansas

Filing Company:

Kanawha Insurance Company

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Product Name: Memorial Fund - Name Change Informational Filing

Project Name/Number: /

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-------------------------------------|------------|------------|----------------|
| Accepted For Informational Purposes | Linda Bird | 10/15/2012 | 10/15/2012 |

SERFF Tracking #:

HUMA-128719936

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Kanawha Insurance Company

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

Product Name:

Memorial Fund - Name Change Informational Filing

Project Name/Number:

/

Disposition

Disposition Date: 10/15/2012

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|--------------------------------|----------------------|---------------|
| Supporting Document | Flesch Certification | | No |
| Supporting Document | Application | | No |
| Supporting Document | Life & Annuity - Acturial Memo | | No |
| Form | Whole Life Policy Cover Page | | Yes |
| Form | Whole Life Policy Cover Page | | Yes |

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State: Arkansas

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Form Schedule

Lead Form Number: Form 00800 1/88

| Item No. | Schedule Item Status | Form Number | Form Type | Form Name | Action/ Action Specific Data | Readability Score | Attachments |
|----------|----------------------|-----------------------|-----------|------------------------------|------------------------------|-------------------|---------------|
| 1 | | Form 00800 1/88 | POLA | Whole Life Policy Cover Page | Initial: | 40.000 | MF FAC.pdf |
| 2 | | Form 00020 3/90 AR | POLA | Whole Life Policy Cover Page | Initial: | 40.000 | GD FAC AR.pdf |

Form Type Legend:

| | | | |
|-------------|---|-------------|--|
| ADV | Advertising | AEF | Application/Enrollment Form |
| CER | Certificate | CERA | Certificate Amendment, Insert Page, Endorsement or Rider |
| DDP | Data/Declaration Pages | FND | Funding Agreement (Annuity, Individual and Group) |
| MTX | Matrix | NOC | Notice of Coverage |
| OTH | Other | OUT | Outline of Coverage |
| PJK | Policy Jacket | POL | Policy/Contract/Fraternal Certificate |
| POLA | Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | SCH | Schedule Pages |

KANAWHA

INSURANCE COMPANY

[210 SOUTH WHITE STREET]

[LANCASTER, SOUTH CAROLINA 29720-2560]

TELEPHONE NUMBER: [800-635-4252]

Kanawha Insurance Company, a stock company, herein called Kanawha, subject to the terms of this Policy, will pay the Death Proceeds of this Policy to the Beneficiary upon receipt of due proof of death of the Insured. Kanawha will also provide the other rights and benefits set forth in the Policy.

Signed for Kanawha Insurance Company at its Home Office in Lancaster, South Carolina, as of the Date of Policy stated on the Policy Schedule.

[

Joan O. Lenahan

Bruce Broussard

]

[Joan O. Lenahan]
[Vice President & Corporate Secretary]

[Bruce Broussard]
[President]

30 DAY RIGHT TO EXAMINE POLICY

If You decide You do not want this Policy for any reason, You can return it to the Home Office or Branch Office of Kanawha within 30 days after You receive it. When it is returned, it will be considered void as though it was never issued and any Premium paid will be refunded.

- This is a Whole Life Insurance Policy
- Death Proceeds Payable at Death of Insured
- Premiums Payable Until the Anniversary Date of Policy
 - Nearest Insured's Age Stated in Policy Schedule
 - Guaranteed Loan Provision
- Guaranteed Cash and Surrender Values
 - Options for Payment of Proceeds
 - Non-participating

THIS POLICY IS A LEGAL CONTRACT BETWEEN THE POLICY OWNER AND THE INSURER.



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INSURANCE COMPANY
[210 SOUTH WHITE STREET]
[LANCASTER, SOUTH CAROLINA 29720-2560]
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[Joan O. Lenahan]
[Vice President & Corporate Secretary]



[Bruce Broussard]
[President]

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This is a Modified Amount Whole Life Insurance Policy
Death Proceeds Payable at Death of Insured.
Not in Full Benefit for Four Years
Premiums Payable for Period Stated in Policy Schedule.
Non-participating.

Schedule of Benefits
for Each Unit of Insurance
Stated in the Policy Schedule

| Policy Year of Death | Basic Death Benefit |
|---------------------------------|--------------------------------|
| First | \$250.00 |
| Second | 500.00 |
| Third | 750.00 |
| Thereafter | 1,000.00 |

THIS POLICY IS A LEGAL CONTRACT BETWEEN THE POLICY OWNER AND KANAWHA.

