

State: Arkansas **Filing Company:** American Fidelity Assurance Company
TOI/Sub-TOI: H12 Health - Excess/Stop Loss/H12.004 Self-Funded Health Plan
Product Name: Excess Loss Amendatory Rider
Project Name/Number: /

Filing at a Glance

Company: American Fidelity Assurance Company
 Product Name: Excess Loss Amendatory Rider
 State: Arkansas
 TOI: H12 Health - Excess/Stop Loss
 Sub-TOI: H12.004 Self-Funded Health Plan
 Filing Type: Form
 Date Submitted: 11/20/2012
 SERFF Tr Num: AFDL-128778487
 SERFF Status: Closed-Approved-Closed
 State Tr Num:
 State Status: Approved-Closed
 Co Tr Num:

 Implementation: On Approval
 Date Requested:
 Author(s): Sue Joslyn
 Reviewer(s): Rosalind Minor (primary)
 Disposition Date: 11/20/2012
 Disposition Status: Approved-Closed
 Implementation Date:

 State Filing Description:

State: Arkansas **Filing Company:** American Fidelity Assurance Company
TOI/Sub-TOI: H12 Health - Excess/Stop Loss/H12.004 Self-Funded Health Plan
Product Name: Excess Loss Amendatory Rider
Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile: Not Filed
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments: This filing is being made in states according to a marketing priority status. Therefore, it has not been filed in OK.
 Explanation for Combination/Other: Market Type: Group
 Submission Type: New Submission Group Market Size: Large
 Group Market Type: Employer Overall Rate Impact:
 Filing Status Changed: 11/20/2012
 State Status Changed: 11/20/2012 Deemer Date:
 Created By: Sue Joslyn Submitted By: Sue Joslyn
 Corresponding Filing Tracking Number:

Filing Description:

This form is new and does not replace any currently approved form. This form will be used with group Excess Loss policy form AFA-SLP-2008(AR), previously approved on 7-2-08. It allows for the revision of the Specific Reimbursement Percentage shown on the Application/Schedule.

Company and Contact

Filing Contact Information

Sue Joslyn, Compliance Analyst III sue.joslyn@af-group.com
 5109 Ten Point Trail 919-554-0686 [Phone]
 Wake Forest, NC 27587 919-554-2513 [FAX]

Filing Company Information

American Fidelity Assurance CoCode: 60410 State of Domicile: Oklahoma
 Company Group Code: 330 Company Type: LAH
 2000 North Classen Blvd Group Name: State ID Number:
 Oklahoma City, OK 73106 FEIN Number: 73-0714500
 (405) 523-2000 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 AR filing fee is greater than the OK retaliatory fee. Therefore, the AR \$50 fee is included.
 Per Company: No

| Company | Amount | Date Processed | Transaction # |
|-------------------------------------|---------|----------------|---------------|
| American Fidelity Assurance Company | \$50.00 | 11/20/2012 | 65083570 |

SERFF Tracking #:

AFDL-128778487

State Tracking #:

Company Tracking #:

State:

Arkansas

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 11/20/2012 | 11/20/2012 |

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Disposition

Disposition Date: 11/20/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|--|----------------------|---------------|
| Supporting Document | Application | Approved-Closed | Yes |
| Supporting Document | Flesch Certification | Approved-Closed | Yes |
| Form | Specific Reimbursement Percentage Amendatory Rider | Approved-Closed | Yes |

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Form Schedule

| Lead Form Number: | | | | | | | | |
|-------------------|-------------------------------|--|-------------|-----------|-------------|----------------------|-------------------|---|
| Item No. | Schedule Item Status | Form Name | Form Number | Form Type | Form Action | Action Specific Data | Readability Score | Attachments |
| 1 | Approved-Closed 11/20/2012 | Specific Reimbursement Percentage Amendatory Rider | AMD-8327 | POLA | Initial | | 50.000 | AMD-8327 (revises Specific Reimbursement Percentage)_JOHN DOE.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 |

**ENDORSEMENT TO
EXCESS LOSS POLICY**
Specific Reimbursement Percentage

YOU and WE agree that the Policy is changed as follows:

The Specific Reimbursement Percentage shown on the Application/Schedule is changed from 100% to [90%].

THERE ARE NO POLICY CHANGES UNDER THIS ENDORSEMENT OTHER THAN THOSE STATED ABOVE.

This Endorsement is subject to all of the provisions of the Policy as long as this Endorsement does not amend them. This Endorsement will terminate on the same date as the Policy to which it is attached.

Signed for AMERICAN FIDELITY ASSURANCE COMPANY



Secretary

| | |
|--|--|
| Endorsement Number: [1] | Endorsement Effective Date: [01/01/2013] |
| Policy Number: [AFA-SLP-2008-XXXXX] | |
| Policyholder Name: [ABC Company] | |
| Signature of Policyholder's Authorized Representative: <i>John Doe</i> | |
| Authorized Representative's Title: [President] | Date Signed: [12/10/2012] |

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Supporting Document Schedules

| | | Item Status: | Status Date: |
|----------------------------------|---|---------------------|---------------------|
| Bypassed - Item: | Application | Approved-Closed | 11/20/2012 |
| Bypass Reason: | This is not a policy filing. It consists of the filing of an amendatory rider to be used with a previously approved policy/application. | | |
| | | Item Status: | Status Date: |
| Satisfied - Item: | Flesch Certification | Approved-Closed | 11/20/2012 |
| Comments: | | | |
| Attachment(s): | | | |
| AR Readability Certification.pdf | | | |



2000 N. Classen Boulevard, Oklahoma City, Oklahoma 73106

**CERTIFICATE OF READABILITY
ARKANSAS**

I hereby certify that form AMD-8327 meets the minimum Flesch reading ease score as required by ACA 23-80-206 when combined with the base policy form.

Signature

Ronald J. Byrne

Name

Vice President

Title

11-20-12

Date