

SERFF Tracking Number: MWSG-128469180 State: Arkansas  
Filing Company: Catalyst Rx Plan Services Insurance Company State Tracking Number:  
Company Tracking Number: NMCHG (2/12)  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: Company Name Change Endorsement  
Project Name/Number: /

## Filing at a Glance

Company: Catalyst Rx Plan Services Insurance Company

Product Name: Company Name Change Endorsement SERFF Tr Num: MWSG-128469180 State: Arkansas  
TOI: L09I Individual Life - Flexible Premium Adjustable Life SERFF Status: Closed-Approved- Closed State Tr Num:  
Sub-TOI: L09I.001 Single Life Co Tr Num: NMCHG (2/12) State Status: Approved-Closed  
Filing Type: Form Reviewer(s): Linda Bird  
Disposition Date: 06/18/2012  
Authors: June Stracener, Vickie McCarron, Reed Bates  
Date Submitted: 06/12/2012 Disposition Status: Approved-Closed  
Implementation Date: Implementation Date:

Implementation Date Requested: On Approval  
State Filing Description:

## General Information

Project Name:  
Project Number:  
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending  
Date Approved in Domicile:  
Domicile Status Comments: This form is being submitted simultaneously to the domestic state of Ohio.

Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:

Market Type: Individual  
Individual Market Type:  
Filing Status Changed: 06/18/2012  
State Status Changed: 06/18/2012

Deemer Date:  
Submitted By: June Stracener  
Filing Description:

Created By: June Stracener  
Corresponding Filing Tracking Number:

CATALYST RX PLAN SERVICES INSURANCE COMPANY  
(formerly known as Molina Healthcare Insurance Company)  
NAIC # 69647; FEIN # 31-0628424

- Company Name Change Endorsement (Form No. NMCHG (2/12))

SERFF Tracking Number: MWSG-128469180 State: Arkansas  
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Adjustable Life  
Product Name: Company Name Change Endorsement  
Project Name/Number: /

On behalf of our client, Catalyst Rx Plan Services Insurance Company ("Catalyst" or "Company"), a licensed insurer in your state, we are enclosing the above-referenced form for your review and approval. The Company changed its name from Molina Healthcare Insurance Company to Catalyst Rx Plan Services Insurance Company effective February 28, 2012.

Please note that the Company will not use any forms previously approved by your Department for any new business it may write. The Company will develop and file for approval with your office any such forms that it wishes to use in the future.

We are submitting the enclosed endorsement to Ohio, the domestic state, simultaneously under separate cover. This endorsement will be sent to all existing policyholders of Molina as appropriate.

For your information, the Company submitted an application concerning the name and Statutory Home Office changes to your Department's Corporate Division using the electronic UCAA Corporate Amendments Application on March 30, 2012. Your Department approved the name change effective February 28, 2012.

State Narrative:

## Company and Contact

### Filing Contact Information

Meg Johnston, Attorney mjohnston@mwlaw.com  
425 West Capitol Avenue 501-688-8870 [Phone]  
Little Rock, AR 72201-3525 501-688-8807 [FAX]

### Filing Company Information

(This filing was made by a third party - MWSGW01)

Catalyst Rx Plan Services Insurance Company CoCode: 69647 State of Domicile: Ohio  
800 King Farm Blvd., 4th Floor Group Code: Company Type: Life  
Rockville, MD 20850 Group Name: State ID Number:  
(301) 548-2900 ext. [Phone] FEIN Number: 31-0628424

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No

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Fee Explanation: Arkansas charges \$ 50/form.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Catalyst Rx Plan Services Insurance Company	\$50.00	06/12/2012	60064142

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/18/2012	06/18/2012

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Cover Letter dated 6-12-12	June Stracener	06/12/2012	06/12/2012

SERFF Tracking Number: MWSG-128469180 State: Arkansas  
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## Disposition

Disposition Date: 06/18/2012

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		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Authorization Letter		Yes
Supporting Document (revised)	Cover Letter dated 6-12-12		Yes
Supporting Document	Cover Letter dated 6-12-12		Yes
Form	Company Name Change D		Yes

SERFF Tracking Number: MWSG-128469180 State: Arkansas  
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## **Amendment Letter**

Submitted Date: 06/12/2012

### **Comments:**

It has been brought to our attention that there was an inadvertent and incorrect reference to a statutory home office address change in the body of the cover letter and the Filing Description. We have revised the cover letter to remove this reference. This endorsement filing only relates to a name change. Please accept our apologies for any inconvenience this may cause.

### **Changed Items:**

#### **Supporting Document Schedule Item Changes:**

#### **User Added -Name: Cover Letter dated 6-12-12**

Comment:

AR Cover Letter dated 6-12-12.pdf

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## Form Schedule

Lead Form Number: NMCHG (2/12)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	NMCHG (2/12)	Policy/Cont Company Name ract/Fratern Change D al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		65.200	Name Change Endorsement NMCHG (2- 12).pdf

**Catalyst Rx Plan Services Insurance Company**

**Home Office: 50 West Broad Street, Suite 1800, Columbus, OH 43215**

**Administrative Office: 800 King Farm Blvd., Rockville, MD 20850**

**(800) 323-5540**

**COMPANY NAME CHANGE ENDORSEMENT**

Effective February 28, 2012, Molina Healthcare Insurance Company has changed its name to Catalyst Rx Plan Services Insurance Company. All references in the policy or certificate to the name Molina Healthcare Insurance Company are replaced with the name Catalyst Rx Plan Services Insurance Company as of that date.

The address to which you should communicate with the company with questions is PO Box 12687, Birmingham, AL 35202-6687. Premium payments should be sent to the address on the billings you receive. These addresses have not changed as a result of the name change. The phone number to which you should communicate with the company with questions is 800-866-9933. The fax number is 205-268-3402. These numbers have not changed as a result of the name change.

All benefits remain the same under the company's new name. All liabilities of the company in the former name will be honored, and the status or terms of the policy or certificate will not be changed as a result of the name change. All other provisions of the policy or certificate remain unchanged.



\_\_\_\_\_

Secretary

**IMPORTANT:** This endorsement should be attached to and made a part of your policy or certificate.

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachments:</b>		
Flesch Score Certification.pdf		
AR Certificate of Compliance.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> Not applicable. This filing consists solely of a name change endorsement.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Health - Actuarial Justification		
<b>Bypass Reason:</b> Not applicable. This filing consists solely of a name change endorsement.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Outline of Coverage		
<b>Bypass Reason:</b> Not applicable. This filing consists solely of a name change endorsement.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Authorization Letter		
<b>Comments:</b>		
<b>Attachment:</b>		

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Adjustable Life  
Product Name: Company Name Change Endorsement  
Project Name/Number: /  
Authorization Letter.pdf

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** Cover Letter dated 6-12-12

**Comments:**

**Attachment:**

AR Cover Letter dated 6-12-12.pdf

**CATALYST RX PLAN SERVICES INSURANCE COMPANY  
(formerly known as Molina Healthcare Insurance Company)**

**FLESCH SCORE CERTIFICATION**

Form Number

Flesch Score

NMCHG (2/12)

65.2

I certify that the machine scored Flesch Readability score for the above mentioned form is accurate.



\_\_\_\_\_  
Benjamin Preston  
Vice President and Corporate Secretary

Date: 6.6.12

## CERTIFICATION

I, Benjamin R. Preston, Vice President and Corporate Secretary, of Catalyst Rx Plan Services Insurance Company, do hereby certify that the form identified below complies with:

- Arkansas Rule and Regulation 19;
- Arkansas Rule and Regulation 49; and
- Arkansas Code Annotated § 23-79-138 as provided for in Bulletin 11-88.

### CATALYST RX PLAN SERVICES INSURANCE COMPANY

By: \_\_\_\_\_

*Benjamin R. Preston*  
Benjamin R. Preston

Vice President & Corporate Secretary

Date: 6-6-12

Form Number: NMCHG (2/12)

May 22, 2012

INSURANCE COMMISSIONER

This letter, or a copy thereof, will authorize Mitchell, Williams, Selig, Gates & Woodyard, P.L.L.C. to represent Catalyst Rx Plan Services Insurance Company (the "Company"), an insurer licensed to do business in your state, in any matters related to the submission of a name change endorsement to your Department.

Very truly yours,



Benjamin R. Preston  
Vice President and Corporate Secretary  
CATALYST RX PLAN SERVICES INSURANCE COMPANY

# MITCHELL WILLIAMS

H. MAURICE MITCHELL  
(1925-2011)

JOHN K. BAKER  
SHERRY P. BARTLEY  
STEVE BAUMAN  
R. T. BEARD, III  
C. DOUGLAS BUFORD, JR.  
BURNIE BURNER<sup>1</sup>  
FREDERICK K. CAMPBELL<sup>2</sup>  
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WILLIAM H.L. WOODYARD, III, P.A.  
WALTER G. WRIGHT, JR.  
LEIGH ANNE YEARGAN  
TOD YESLOW<sup>7</sup>

425 WEST CAPITOL AVENUE, SUITE 1800  
LITTLE ROCK, ARKANSAS 72201-3525  
TELEPHONE 501-688-8800  
FAX 501-688-8807

MELISSA BANDY  
<sup>1</sup>K.C. BARNER  
TRAV BAXTER  
CORY D. CHILDS  
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BRIAN A. VANDIVER  
  
OF COUNSEL  
W. CHRISTOPHER BARRIER  
JOSEPH W. GELZINE  
<sup>14</sup>HERMANN IVESTER  
JOHN S. SELIG  
RICHARD A. WILLIAMS

WRITER'S DIRECT DIAL  
501-688-8870

June 12, 2012

<sup>1</sup> ONLY ADMITTED IN TEXAS  
<sup>2</sup> ADMITTED IN DISTRICT OF COLUMBIA AND ARKANSAS  
<sup>3</sup> ADMITTED IN ARIZONA, TEXAS AND ARKANSAS  
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<sup>16</sup> ADMITTED IN GEORGIA AND TEXAS  
ALL OTHERS ADMITTED ONLY IN ARKANSAS

The Honorable Jay Bradford  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West 3rd Street  
Little Rock, AR 72201-1904

Attention: Mr. Dan Honey  
Insurance Deputy Commissioner, Life and Health

RE: **CATALYST RX PLAN SERVICES INSURANCE COMPANY**  
**(formerly known as Molina Healthcare Insurance Company)**  
NAIC # 69647; FEIN # 31-0628424  
• Company Name Change Endorsement (Form No. NMCHG (2/12))

**SERFF Tracking No. MWSG-128469180**

Dear Commissioner Bradford:

On behalf of our client, Catalyst Rx Plan Services Insurance Company ("Catalyst" or "Company"), a licensed insurer in your state, we are enclosing the above-referenced form for your review and approval. The Company changed its name from Molina Healthcare Insurance Company to Catalyst Rx Plan Services Insurance Company effective February 28, 2012.

Accordingly, in addition to the above-referenced endorsement form, we are enclosing the following:

1. The Company's letter authorizing Mitchell, Williams, Selig, Gates and Woodyard, P.L.L.C. to make this filing on the Company's behalf.

2. A Flesch score certification.
3. An executed Certification of Compliance.
4. A filing fee in the amount of \$ 50.00 is being submitted via EFT.

Please note that the Company will not use any forms previously approved by your Department for any new business it may write. The Company will develop and file for approval with your office any such forms that it wishes to use in the future.

We are submitting the enclosed endorsement to Ohio, the domestic state, simultaneously under separate cover. This endorsement will be sent to all existing policyholders of Molina as appropriate.

For your information, the Company submitted an application concerning the name change to your Department's Corporate Division using the electronic UCAA Corporate Amendments Application on March 30, 2012. Your Department approved the name change effective February 28, 2012.

To the best of the Company's knowledge, information and belief, the form submitted herewith is in compliance in all respects with the provisions of the insurance laws, rules and regulations of your state, and contains no provisions previously disapproved by your Department.

This form is in final print. The Company reserves the right to change the appearance and pagination but not the text of this form to comply with future changes in print systems. No font will be less than a 10-point font size. The Company also reserves the right to change the color and/or weight of the paper on which this form is printed and to correct typographical errors without refileing.

If you have any questions or need anything further to expedite the review and approval of this filing, please contact me at (501) 688-8870 or our paralegal, June Stracener, in our Rogers office at (479) 464-5668. Thank you for your assistance in this matter.

Very truly yours,

MITCHELL, WILLIAMS, SELIG,  
GATES & WOODYARD, P.L.L.C.



By:

Margaret A. Johnston

Enclosure

SERFF Tracking Number: MWSG-128469180 State: Arkansas  
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## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/12/2012		Supporting Cover Letter dated 6-12-12 Document	06/12/2012	AR Cover Letter dated 6-12-12.pdf (Superseded)

# MITCHELL WILLIAMS

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(1925-2011)

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June 12, 2012

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ALL OTHERS ADMITTED ONLY IN ARKANSAS

The Honorable Jay Bradford  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West 3rd Street  
Little Rock, AR 72201-1904

Attention: Mr. Dan Honey  
Insurance Deputy Commissioner, Life and Health

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**(formerly known as Molina Healthcare Insurance Company)**  
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Accordingly, in addition to the above-referenced endorsement form, we are enclosing the following:

1. The Company's letter authorizing Mitchell, Williams, Selig, Gates and Woodyard, P.L.L.C. to make this filing on the Company's behalf.

2. A Flesch score certification.
3. An executed Certification of Compliance.
4. A filing fee in the amount of \$ 50.00 is being submitted via EFT.

Please note that the Company will not use any forms previously approved by your Department for any new business it may write. The Company will develop and file for approval with your office any such forms that it wishes to use in the future.

We are submitting the enclosed endorsement to Ohio, the domestic state, simultaneously under separate cover. This endorsement will be sent to all existing policyholders of Molina as appropriate.

For your information, the Company submitted an application concerning the name and Statutory Home Office changes to your Department's Corporate Division using the electronic UCAA Corporate Amendments Application on March 30, 2012. Your Department approved the name change effective February 28, 2012.

To the best of the Company's knowledge, information and belief, the form submitted herewith is in compliance in all respects with the provisions of the insurance laws, rules and regulations of your state, and contains no provisions previously disapproved by your Department.

This form is in final print. The Company reserves the right to change the appearance and pagination but not the text of this form to comply with future changes in print systems. No font will be less than a 10-point font size. The Company also reserves the right to change the color and/or weight of the paper on which this form is printed and to correct typographical errors without refileing.

If you have any questions or need anything further to expedite the review and approval of this filing, please contact me at (501) 688-8870 or our paralegal, June Stracener, in our Rogers office at (479) 464-5668. Thank you for your assistance in this matter.

Very truly yours,

MITCHELL, WILLIAMS, SELIG,  
GATES & WOODYARD, P.L.L.C.



By:

Margaret A. Johnston

Enclosure