SERFF and CD-ROM Submissions
Using Illinois ETRANS Transmittal

Directions – February 2009

These directions will help you complete the required transmittal for Illinois submissions whether filing by Electronic SERFF or CD-ROM. Illinois allows the same filing material to be submitted on a CD-ROM for companies not using the SERFF application. In either case you will need the following for either a SERFF or CD-ROM submission.

1) Letter of Submission in Adobe PDF Format.
2) Form(s) or filing material submitted in separate Adobe PDF Documents.
3) PDF version of the Transmittal being submitted.
4) Text version of the Transmittal being submitted.
5) Applicable Checklist in Adobe PDF Format.

Each Illinois filing requires all of the above. Additional filing material can also be submitted as supporting documentation. Life and Annuity filings can be filed as Certified per CB2007-01. This type of submission requires the additional filing attachments.

1) Exhibit A – Certification of Compliance Signed by a Company Corporate Officer in Adobe PDF Format.
2) Exhibit B – Actuarial Certification Signed by a Company Qualified Actuary in Adobe PDF Format.
3) Applicable Checklist in Adobe PDF Format.

Software located on our Division of Insurance Website (ETRANS) will allow you do any of the following types of filings. Examples these types of filings and their required Transmittal have been attached as Exhibits A – H in the following directions.

1) Form Filing Transmittal for approval of forms listed (Exhibit A)
2) Informational Filing Transmittal (Exhibits B and E)
3) Withdrawal Filing Transmittal (Exhibit H)
4) Assumption Filing Transmittal (Exhibit F)
5) Rate Filing Transmittal (Exhibit C)

The transmittal application consists of seventeen (17) numbered sections. In these different sections are drop down choices for your ease in describing the material as required by the Illinois Division of Insurance. These drop downs must be used in this transmittal process and will be described in these directions. Most of these sections will only have to be completed once and can be used over and over. Consider the transmittal application as a tool to be completed in order to save/create Text and PDF versions of your transmittal. These two documents are needed to complete the transmittal submission requirement.

You can always contact the Division of Insurance with any questions. These instructions will answer most of your questions. Contact Cindy Colonius, L/A&H Compliance Unit Supervisor at (217)782-4572 or Cindy.Colonius@illinois.gov if you have questions regarding Illinois Transmittals.

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Note: Individual Health Policies, Long Term Care, Medicare Supplement and Credit Insurance will require multiple transmittals and multiple submissions. Medicare Supplement submissions will have additional transmittals depending on how many Plans are submitted for approval. Each Plan (A – L) is required to be filed separately along with an Outline of Coverage and a Rate Filing. You only need to file one Outline and one Rate filing that will associate to each of the Plan forms and their Company Tracking Numbers. Contact Gary Brooks, (217)785-6441 or Gary.Brooks@illinois.gov if you have any questions at that time.

Life, Accident, Health, Annuity, Credit Document Section Directions

1. **<u>Prepared for the State of – Use the drop down and choose Illinois.</u>** Although all the states are listed in the drop down, Illinois will be the state listed for all submissions. Check with the other states you submit to before using this application when filing in those states.
2. **<u>Department Use Only – Always leave blank</u>**
3. **<u>Filing Company & Address – Company Name for this filing.</u>** The drop down here can be used if you file for multiple companies. Once the information for the first company is entered that information will move into the drop down when you enter a second company. Each company entered will move the previous company into the drop down. After that you can pick and choose the company you are filing for and not have to fill out the same information over and over. Enter the Street, City, State and Zip Code information using the tab key to move from one field to the next. The tab key works well with this application. In some cases you will automatically move to the next field after the field has been completed. Next use the drop down to select your company's State of Domicile. Tab to complete the NAIC Group Number. You may use four zero's (0000) if you don't know this group number or your company doesn't have one assigned. Tab to enter the NAIC Number. Tab and enter the FEIN Number assigned to your company. Caution: This application process is driven by the Company FEIN Number. By changing only a Company Name and not the FEIN Number, the submission will be processed and invoiced to our back office system for the wrong Company. If you only file for one company, you will not have to enter this information on your next transmittal as it's automatically saved when you close the transmittal application.
4. **<u>Contact Name & Address – Person responsible for questions for this filing.</u>** This section is very similar to the one above. You can add additional contacts by completing the first contact's information and then entering a second contact. Complete each field using the tab key to move form one field to the next field. <u>If you only have one contact, you will not have to enter this information or the information in Section's 1 and 3 on your next transmittal as it's automatically saved when you close the transmittal application.</u> Both Sections Three (3) and Four (4) must be completed entirely. Note: In most cases you will start your next transmittal starting at Section 5 because this information will not change from filing to filing.
5. **<u>Filing Method – CD-ROM or Electronic/SERFF Tracking Number.</u>** In this section you will choose the method in which your filing is to be submitted to Illinois. For a CD-ROM submission click the drop down on the right side of Filing Method and choose CD-R/RW. There's a "Paper" choice in the drop down that will not ever be used as Illinois no longer accepts paper submissions with this transmittal process. For an Electronic SERFF submission use the left mouse button to populate the box to the left of the term Electonic/Serff. This will then activate the Tracking Number field and you should then enter your SERFF Tracking Number for this submission.

6. **Company Tracking Number – This tracking number is assigned by the company or contact responsible for this submission.** Limit your Company Tracking Number to fourteen (14) characters. When processing your transmittal to our Back Office System, Product Evaluation Database System (PEDS) only the first fourteen (14) characters are added and the remaining characters will not be listed in our PEDS database. This field can contain up to sixty (60) characters and has caused a few problems in the past creating duplicate Company Tracking Numbers. At that point we will inform you to resubmit your transmittal using a different Company Tracking Number. You will also find that this tracking number has multiple names in the different applications being used with our current filing process. In PEDS it is defined as a Filing Number, in SERFF it is the State Tracking Number and in Section 16 of the transmittal it could be referred to as a Previous State Filing Number. For Life and Annuity filings we have an Exhibit B Certification Form and the tracking number is called, Submittal. This is quite confusing. This came about with the evolution in our filing requirements when we started using Electronic Systems to submit filings.
7. **Market –This section identifies the market, Individual or Group Business.** You can only use one market per transmittal. If filing for both markets, that will require a two separate submissions and two separate transmittals. When filing for the Group Market you have a choice of Small or Large Group. Choosing the Any Size Group will identify your group for Small and Large Group Business. Note: Leave the field identified as "OTHER" blank for all Illinois submissions. This field will never be used when filing with Illinois.
8. **Type of Insurance – This section will also complete Section 9, Product Coding Matrix Filing Code.** Click the blue icon next to the term Type of Insurance. A browse window will appear that lists each of the Types and Sub-Types of Insurance to be used for all transmittals. These lists are identified from the Market, Section 7 choice you selected. When using the Individual Market, only Individual Types of Insurance are displayed. This list always starts with the Annuities Types. You can scroll down using the drop down at the top of this browse window to go to the remaining Types of Insurance. A short cut is to click on the drop down, place your curser in the window next to the drop down. Type the letter of the business you are submitting, L for Life, H for Health, LTC for Long Term Care and so on. By doing this the listing will move to those Life Types of Insurance or Health if you typed a "H." This browse window contains two columns. The first column identifies the Types of Insurance. The second column identifies the Sub-Types for each Type of Insurance. By placing your cursor on the line that appears with a black background, choose the Type of Insurance and Sub-Type of Insurance and left click, this will populate only the Search Browse Window. Next click the button, "Select TOI and SubTOI" and Section's 8 and 9 will be populated with your choice in the ETRANS Transmittal. Note: If your selection doesn't contain a choice with both a Type of Insurance and a Sub-Type of Insurance, your selection will not move into the transmittal when you click on the Select button.

9. **<u>Product Coding Matrix Filing Code – This section will be completed with Section 8 instructions above.</u>**
10. **<u>Submitted Documents – Choosing the kind of forms/filing you are submitting.</u>** <u>Forms</u>: Not all Illinois form kinds are listed here. Try to identify your submitted form(s) by using the choices listed here. If your kind of form isn't listed, identify the form(s) you can. Section 16 is now required to be completed for your form filing. <u>Rates</u>: You can choose from New Rate, Revised Rate or Actuarial Memorandum by clicking the box next to your choice. Section 17 is now required to be completed for rate filing. <u>Report</u>: Illinois doesn't file reports and this field should always be left blank.
11. **<u>Filing Submission Date – Entering the date for your submittal.</u>** Place your cursor over the month characters. Enter 01 for January. Enter the day as 09 and the year as 2009. Your submission date is January 9, 2009.
12. **<u>Filing Fee (If Required) –Illinois has filing fees.</u>** This Section 12 should always be left blank. We will bill you on a quarterly basis for each form filed for approval at $50 per form.
13. **<u>Date of Domiciliary Approval -</u>** This Section 13 should always be left blank. Illinois doesn't require domiciliary approval.

You have completed the first page of the four pages included in this application. Congratulations! This was the most difficult. Click the Page Down button, located in the bottom right corner to go to Page Two.

14. **<u>Filing Description – This Section 14 is not required to be completed.</u>** When you installed the software for this transmittal application, this field was populated with, "See attached Document." Illinois requires a Cover Letter for each submission. We will look at that document for your filing description. Don't duplicate your work by typing the text of your Cover Letter in this field. Copying and paste will corrupt your exported text document. DO NOT COPY and PASTE!
15. **<u>Certification (if required – Illinois requires this section to be completed.</u>** A Company Officer's Name, Title and Electronic Signature must be entered in this section. Do not use the Filing Contact Person in this section. An exception would be if that contact was a company officer and could obligate the company with his or her signature. This signature should fit in the Signature Box. You may to reduce or crop the signature version you are using.

Page two is now completed; use the Page Down button to go to the third page for Section 16.

16. Form Filing Attachment – This section will be used to complete all transmittals except for rates. This is the most important part of the transmittal. This section is for form filings, informational filings, withdrawal filings and assumption filings.

Illinois Division of Insurance definition of a Form Filing would be a filing to approve forms for use in Illinois. These forms will be reviewed for approval according to the Illinois Insurance Statutes and Rules. These types of filings can only be submitted under one Type of Insurance per transmittal. Additional Types of Insurance will be made with a second Form Filing.

Illinois Division of Insurance definition of an Informational Filing would be a filing to place the informational material submitted on file. This informational material will be reviewed and filed as information. These types of filings can only be submitted under one Type of Insurance per transmittal. Additional Types of Insurance will be made with a second Informational Filing.

Illinois Division of Insurance definition of a Withdrawal Filing would be a filing to withdraw previously approved forms from their approval status to a withdrawn status by date. These withdrawn forms cannot be marketed in Illinois after being withdrawn. Rates can be filed for withdrawn forms that are still in force. Note: Before making this type of filing, be sure the forms are to no longer be marketed in Illinois. Once withdrawn, the forms would have to be submitted again for approval.

Illinois Division of Insurance definition of an Assumption Filing is a filing where one company will assume business from another company. These types of filings can only be submitted under one Type of Insurance per transmittal. Additional Types of Insurance will be made with a second Assumption Filing.

Described below are the different fields for Section 16.

At the top of the page you will see a field titled, "This filing transmittal is part of company tracking number…" and the Company Tracking Number from Section 6 appears in that field. This Company Tracking Number must be a unique number of fourteen (14) characters or less for each transmittal. This field will work with Section 6 on the first page if you need to revise the Company Tracking Number. Place your cursor in this field and revise the Company Tracking Number. You will be prompted to accept this revision by answering the question (Are you sure you want to Continue?) yes or no.

The next field is titled, "This filing corresponds to rate filing company tracking number…" Leave this field blank. This is not required for Illinois submissions.

Next in this Section 16 are the records to enter the Form, Informational, Withdrawal and Assumption Filing information.

Form Filing: In this example two forms are being submitted for approval. The form kinds chosen from the drop down Short Descriptions are Policy and Application. This is for the individual market and three (3) separate transmittals are required.

There are five columns in this view on Page 3. The first column will list by number the records entered. When you begin you will notice a Zero for the first record with an asterisk located in the left margin. As you revise and type a number one (1) over the Zero, this zero record will move down as the next record. You record will list a pencil in the left hand margin. The zero record will continue moving down even if you have 100 records. You will not see the zero record go away.

The second column has two fields; an upper field titled Document Name and a lower field titled Description. In the upper field list your submitted form by typing a Document Name such as: Individual Cancer Policy. **Do not use an apostrophe in this Document Name field.** In the lower field click on the drop down and choose the Short Description that describes your form for this record. You may have to use the scroll bar to list this form as Policy. The drop down descriptions will be explained at the end of this section.

The third column is titled Form Number. Enter the form number of your policy as it appears on your actual Policy Form in the lower left hand corner of the first page of the Policy. In this example the Policy Form Number is 2009CANCERPOL(01/09). Note: This field will allow you to enter up to sixty (60) characters for your form number. However the Division of Insurance will only allow for thirty (30) characters or less in your form number.

The fourth column isn't titled. In each record you will have a choice of Initial or Other. The Revised choice should never be used for Illinois filings. When choosing the Other as an entry you will use the drop down. I will describe this drop down at the end of this section. In this example choose Initial by clicking on the box to the left of the term, Initial.

The fifth column has an upper and lower field. The upper field is titled, "Replaced Form Number." The lower field is titled, "Previous State Filing Number." Leave this column blank when submitting forms for approval.

The first record in now completed. Add your next form in the next record by typing in the information in each column as needed. In this example for record two an application was entered as number 2, the Document Name was listed as Individual Cancer Application, the Description chosen from the drop down was Application, the Form Number was typed in as 2009CANCERAPP(01/09) and the Initial box was checked.

See Exhibit A for the PDF version of the Transmittal for the above form information.

When submitting multiple forms that are similar such as riders, you can use the button on the bottom of the page titled, Repeat Last Record. After entering your first rider's information, click Repeat Last Record. This will duplicate the first record's information in record numbered 2. Place your cursor in the form number and revise the form number for your second rider form and any descriptive terms.

Repeat these steps for as many forms as you have to submit. This will save you quite a bit of time.

The other button at the bottom left is titled, Reset Form. This button will delete all records entered in this Section 16. It will not reset any of the information for Sections 1 – 15. This is a useful function when you have submitted ten forms for approval in your last transmittal and only have one or two in your current submission.

You should also reset Section 16 when you are filing rates in Section 17. If not reset this could also create an Error Report for a duplicate filing number with records in each of these sections. If Section 16 isn't blank for your Rate Filing, in some cases the form information records will populate instead of your rate records and you will billed at $50.00 per form. There isn't a fee for Rate filings.

Section 16 Drop Down Short Descriptions – We have four Kinds of Form Types; Policy, Informational, Attachment and Assumption. Listed below are different Kinds of Form each in a separate table by the Short Descriptions. For each record you must choose a Short Description for each form submitted for approval or a filing Short Description to be filed as information from this drop down listing. Note: This drop down listing will change when selecting different Types of Insurance.

Table 1 lists the Short Descriptions for Policy Kinds from the drop down that the Illinois Division of Insurance uses for form approvals. **These are the only choices and you must use the drop down, <u>do not type</u> your Short Description for each form listed for approval.**

Short Description (Table 1)	Kind of Form	Usage
Application	Policy	Approval
Application Enrollment	Policy	Approval
Certificate	Policy	Approval
Combination Policy	Policy	Approval
Combination Policy Certificate	Policy	Approval
Endorsement	Policy	Approval
Enrollment	Policy	Approval
Policy	Policy	Approval
Policy Certificate	Policy	Approval
Rider	Policy	Approval
Rider Endorsement	Policy	Approval

Table 2 lists the Short Descriptions for the Informational Kinds from the drop down that the Illinois Division of Insurance uses for Informational Filings. **These are the only choices and you must use the drop down, <u>do not type</u> your Short Description for your informational material being filed for information.**

Short Description (Table 2)	Kind of Filing	Usage
Advertising	Informational	Filed as Informational
Calculations	Informational	Filed as Informational
Discretionary Group	Informational	Filed as Informational
Domestic State	Informational	Filed as Informational
Hospital Directory	Informational	Filed as Informational
Illustrations	Informational	Filed as Informational
Informational Policy	Informational	Filed as Informational
Other State Approval	Informational	Filed as Informational
Outline of Coverage	Informational	Filed as Informational
Policy Jacket	Informational	Filed as Informational
Required Informational Material	Informational	Filed as Informational
Universal Life Information	Informational	Filed as Informational
Variable Material	Informational	Filed as Informational

Table 3 lists the Short Descriptions for the Attachment Kinds from the drop down that the Illinois Division of Insurance uses for form approvals that also require an association record in the transmittal. **These are the only choices and you must use the drop down, <u>do not type</u> your Short Description for each form listed for approval.**

Short Description (Table 3)	Kind of Filing	Usage
Matrix Insert Page	Attachment	Approval
Required Endorsement Rider	Attachment	Approval
Schedule Page	Attachment	Approval

Table 4 lists the Short Description for the Assumption Kind from the drop down that the Illinois Division of Insurance uses for form approvals for the Assumption of business. There is only one choice and only one Certificate of Assumption can be filed for approval. The Certificate of Assumption may be required to be filed more than once depending on the business categories being assumed. Contact the Illinois Division of Insurance when assuming multiple business categories.

Short Description (Table 4)	Kind of Filing	Usage
Assumption	Assumption	Approval

Also listed in Section 16 in the third column is a drop down choice of Other that will be used with the information listed in Table 3, Attachment Kind of Forms. **The association records must be completed after the forms being submitted for approval.** This information is quite detailed, for more information on completing this portion contact Gary Brooks at (217)785-6441 or Gary.Brooks@illinois.gov when submitting these kinds of forms. See Exhibit D for an example.

Other Drop Down Choices	Definition	Usage
Clear		Removes previous choice.
ASA P/A	Associate All Policy/Attachment Forms	For Informational Filings Associations
ASA POL	Associate All Policy Forms	For Attachment Form Filings
ASSC POL	Associate Specified Policy Forms	For Attachment Form Filings to (1) Policy Form
ASA ATTCH	Associate All Attachment Forms	For Policy Form Filing to an Attachment Form Filing
ASSC ATTCH	Associate Specified Attachment Form	For Policy Form Filing to (1) Attachment Form
INFO	Associate Informational Filing	For Policy and Attachment Form Filings to Informational Filings
NETWORK	Associate Network Informational Filings	For Policy and Attachment Form Filings with PPA Benefits to an Informational Network Filing
ASSUMPTION	Assume Business	For Listing Ceding Companies Forms Being Assumed

17. **Rate filing Attachment – This Section is for Rates Only.** Note: When using this section for your rate submission Section 16 should be reset by using the Reset Form Button in Section 16. This section is similar to the previous Page 3 (Section 16). You will notice a few changes but this rate section will be completed in the same manner as Section 16.

Illinois Division of Insurance definition of a Rate Filing would be a filing submitting Actuarial Material and new or revised Rate Material for use in Illinois. These rates will be filed as information according to the Illinois Insurance Statutes and Rules. These types of filings can only be submitted under one Type of Insurance per transmittal.

The Illinois Division of Insurance is required to track rates for all Individual Health Policies and Forms that have rates related to the submitted form(s). Companies are not required to file life rate manual material or group accident and health rate manual material. **However, there are three exceptions for group rates. Rates for Group Medicare Supplement, Long Term Care and Credit Insurance are required to be filed and reviewed by an actuary here at the Illinois Division of Insurance.**

The first field in Section 17 is titled, "This filing transmittal is part of company tracking number," with a field that lists the Company Tracking Number that was listed in Section 6 of the first page of the application. This Company Tracking Number must be a unique number of fourteen (14) characters or less for each transmittal. This field will work with Section 6 on the first page if you need to revise the Company Tracking Number. Place your cursor in this field and revise the Company Tracking Number. You will be prompted to accept this revision by answering the question (Are you sure you want to Continue?) yes or no.

Note: You will also find that this tracking number has multiple names in the different applications being used with our current filing process. In PEDS it is defined as a Filing Number, in SERFF it is the State Tracking Number and in Section 16 of the transmittal it could be referred to as a Previous State Filing Number. For Life and Annuity filings we have an Exhibit B Certification Form and the tracking number is called, Submittal.

The second field is titled, "This filing corresponds to form filing company tracking number," leave this field blank. This is not required for Illinois submissions.

The third field is titled, "Overall Percentage impact for this filing (rate)." Enter the percentage in the field next to this title.

There are four columns in this view on Page 4. The first column will list by number the records entered. When you begin you will notice a Zero for the first record. As you revise and type a number one (1) over the Zero, this zero record will move down as the next record. This will continue even if you have 100 records listed in this section. You will not see the zero record go away.

The second column has the same information as the second column in Section 16. **Do not use an apostrophe in the Document Name field.** The only difference is the drop down choices. There are only two choices, Actuarial Memorandum and Rates. **These are the only choices and you must use the drop down, <u>do not type</u> your Short Description for each form listed for approval.**

The third column is titled “Affected Form Numbers” and will be used in records two and any additional records you create. By listing an affected form number in this column, you will be required to list the Previous State Filing Number in the last column. Note: You can only list one affected form number per record. Additional affected form numbers require additional records.

The fourth column has the following fields, New, Revised, Other, with two fields below the title of Request. The two request fields will allow you to enter a positive or negative rate percentage by clicking your left mouse in either of the fields and typing in these percentages.

The fifth column is titled, “Previous State Filing Number.” This is where you will enter the filing number of the affected form number. This entered filing number is for an approved or submitted filing number. Note: You can on list one Previous State Filing Number per record. Additional Previous State Filing Numbers require additional records.

For additional records the “Repeat Last Record” button is a good tool when entering multiple records for your rates.

Your first record will identify either your Actuarial Memorandum or your Rates that you choose from the drop down. Do not list a form number of your Actuarial Memorandum or your Rate Form is one has been assigned. The third column will be blank for this first record. Choose either New or Revised. Enter the Revised Rate Increase/Decrease Request when choosing Revised to complete the fourth column.

Additional records identifying the affected form and filing numbers will not list any information in the second column. This will be clearer after reviewing the example of Rate Transmittal, see Exhibit C for an example of a rate Transmittal.

Each of the four page views are navigation buttons to help move form page to page or go the first page. I will now describe the buttons to be used on the bottom of the first page to save a text document and generate a PDF document. It doesn’t matter which you do first.

At the bottom left hand corner are five buttons titled Generate PDF, Import Transmittal, Preview/Print Transmittal, Export Transmittal and Preview/Print Report of L/A&H Coding Matrix.

Click on the Export Transmittal button (Saves text document only) and a browse window will open. Choose the location where you want to save your text document, type a File Name, and Click the Save button in this browse window. Your text document is saved and a window will open stating, Export Successful, Transmittal Exported Successfully. If you don’t see this notation contact Gary Brooks.

Click on the Generate PDF button (Creates PDF document only) and a browse window will open. Choose the location where you want to save your PDF document. A Defaulted File Name will appear, (rpt-Combine-Page1-2-FFA.pdf) which you can use or change. Click the Save button in this browse window. Your PDF document will be created and will open in Adobe Acrobat. A saved version will appear in location you choose.

The Import Transmittal button (Opens a saved Exported Text Document) will allow you to import/open a previously saved Exported Text Document. However, you will lose your Company Officer's Signature you place in Section 15, Certification. This function will allow you to use previous information from older filings you made with the Illinois Division of Insurance. Replace your Company Officer's Signature when using this Import Function.

The Preview/Print Transmittal button opens a document version of this ETRANS software transmittal process. You can use this view to also create a PDF of your transmittal. In this view choose File at the top left of the window, then choose print. When the print window appears, change your default printer listed to Adobe PDF and click ok. This will start the process of creating a PDF version of the transmittal. To exit this view click the X in the upper right corner and you will return to the first page.

Preview/Print Report of L/A&H Coding Matrix button allows you to view or print a copy of the Uniform Life, Accident Health, Annuity and Credit Coding Matrix.

Author's note, although there's a lot of information within these directions, this application generally is very user friendly. I believe that these directions will help with future transmittals. Remember this is just an application or draft of your transmittal that can revised. The text and PDF documents created from this application are the final versions that you will submit to the Illinois Division of Insurance.

Glossary of Terms for Policy Forms

Product Coding Matrix Filing Code: Type of Insurance code for a general description of the policy form(s) to be issued or delivered.

TOI: Type of Insurance describing filing submissions.

Sub TOI: Sub Type of Insurance code describing the TOI in more detail.

Company Tracking Number: Unique Tracking number assigned by the company in order list the form(s) to be reviewed for approval, filed as information and form(s) to be withdrawn.

Filing Description: Leave Blank: This filing description is separate from the required Cover Letter.

Cover Letter: A letter of submission in duplicate giving a detailed description of the purpose for the policy form and the manner in which it will be marketed. A cross-reference filing number for identical submissions made by affiliated companies.

Certification: Certification of Compliance for submissions to certify that the submission complies with State applicable requirements. The Certification must include an authentic digital electronic signature of an officer of the company.

FORMS

Certificate: A statement of coverage taking the place of the policy as evidence of insurance given to the individuals covered by the terms of the policy.

Matrix Insert Page(s): Type of Policy Form submitted for review with consideration given to each provision or individual page. Each matrix insert page shall be identified with its own unique policy form number located in the lower left hand corner of the document. Each matrix insert page shall be associated to a policy or certificate. Optional Endorsement Riders (Type OER) and Required Endorsement Riders (Type RER) shall not be made up of matrix insert pages.

Policy: Policy Form means any form to be issued or delivered constituting in form and content a policy, group contract or certificate of insurance or evidence of coverage, endorsement, rider, by-law or other matter incorporated by reference, or application blank or discretionary group forms.

Rider/Endorsement: A provision added to a policy altering the policy form. No rider/endorsement is valid unless signed by an officer of the company and attached and made a part of the policy.

Schedule of Benefits: Schedule Page(s) means a policy form which incorporates or changes the benefits or services covered by the policy and/or certificate or changes the maximums, deductibles, coinsurance or co-payments of the policy or certificate to which it is attached. When multiple or different schedule pages are submitted for use with a single policy or certificate, each schedule shall be identified with a unique form number.

Outline of Coverage: Description of benefits offered for a particular plan of insurance.

Advertising: Material used for marketing products approved in the State of submission.

Other: Informational and Withdrawal filing submissions.

Glossary of Terms for Policy Forms (cont'd)

RATES

New Rate: Initial rate being filed.

Revised Rate: Additional rates for products previously approved with rating material.

Actuarial Memorandum: Document describing submitted rates for justification.

MAILING INSTRUCTIONS – CD-ROM Submissions

Compact Disk Recordable (CD-R/RW) package (Jewel Case) must be clearly identified by external labels containing all of the following information:

Company Name
Company FEIN Number
Diskette Contact Person and Telephone number

Example:
ABC Insurance Company of America
FEIN = 12-3456789
Joe Smith (800) 555-1234

Mailing Requirements – CD-ROM Submissions

The compact disk should be enclosed in rigid protective packaging that will prevent bending and other destructive exposures that might be experienced in normal mail handling.

The outer package should be clearly labeled to indicate computer disks are enclosed.

Example Address submission:

Illinois Department of Financial and Professional Regulation
Division of Insurance
L/A&H Transmittal
320 West Washington, 4th Floor
Springfield, IL 62767

Attn.: LA&H Transmittal Coordinator

EXHIBIT A - INDIVIDUAL HEALTH FORM FILING EXAMPLE WITH OUTLINE OF COVERAGE AND RATES.

NINE (9) PAGES

Life, Accident Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of: Illinois

2.	Department Use Only	
	State Tracking ID	

3. Insurer Name & Address	Domicile	NAIC Group #	NAIC #	FEIN #
Insurance Company Name 555 Street Address City Name, XX 32804	State	1234	12345	12-1234547

4. Filer Name & Address	Telephone #	Fax #	E-mail Address
Angel . Contact 111 North Main Street Anytown, IL 666660001	(800) 555-5555 X555	(555) 555-4444 X	acontact@youremailaddress.com

5.	Filing Method	[X] CD-R/RW	[ ] Electronic/Serff Tracking Number:

6.	Company Tracking Number	2009-001
7.	Market	[X] Individual [ ] Group [ ] Small [ ] Large [ ] Any size [ ] Other:
8.	Type of Insurance	H07I Individual Health - Specified Disease - Limited Benefit
9.	Product Coding Matrix Filing Code	H07I.002A Dread Disease - Cancer Only
10.	Submitted Documents	**Forms** [X] Policy [ ] Outline of Coverage [ ] Certificate [X] Application/Enrollment [ ] Rider/Endorsement [ ] Advertising [ ] Schedule of Benefits [ ] Actuarial Memorandum [ ] Other **Rates** [ ] New Rate [ ] Revised Rate [ ] Actuarial Memorandum [ ] Other ______________________ **Report** ______________________
11.	Filing Submission Date	02/01/2009
12.	Filing Fee (If required)	Amount $0.00 Check Date Retaliatory [ ] Yes [ ] No Check Number ______
13.	Date of Domiciliary Approval	__________

14. Filing Description:

See attached Document.

15. Certification (If required)

I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisionis for the state of Illinois

Original Signature: Joseph G Brooks

Print Name: Company Officer's Name

Title: Company Officer's Title

Date: 02/01/2009

16.	Form Filing Attachment			
This filing transmittal is part of company tracking number		2009-001		
This filing corresponds to rate filing company tracking number				
	Document Name / Description	Form Number		Replaced Form Number / Previous State Filing Number
1	Individual Cancer Policy / Policy	2009CANCERPOL(01/09)	[x] Initial [ ] Revised [ ] Other	
2	Individual Cancer Policy / Application	2009CANCERAPP(01/09)	[x] Initial [ ] Revised [ ] Other	

Life, Accident Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of: Illinois

2.	Department Use Only	
	State Tracking ID	

3.	Insurer Name & Address	Domicile	NAIC Group #	NAIC #	FEIN #
Insurance Company Name 555 Street Address City Name, XX 32804		State	1234	12345	12-1234547

4.	Filer Name & Address	Telephone #	Fax #	E-mail Address
Angel . Contact 111 North Main Street Anytown, IL 666660001		(800) 555-5555 X555	(555) 555-4444 X	acontact@youremailaddress.com

5.	Filing Method	[X] CD-R/RW	[ ] Electronic/Serff Tracking Number:

6.	Company Tracking Number	2009-001OOC
		[X] Individual
7.	Market	[ ] Group [ ] Small [ ] Large [ ] Any size
		[ ] Other:
8.	Type of Insurance	H07I Individual Health - Specified Disease - Limited Benefit
9.	Product Coding Matrix Filing Code	H07I.002A Dread Disease - Cancer Only
10.	Submitted Documents	**Forms** [ ] Policy [X] Outline of Coverage [ ] Certificate [ ] Application/Enrollment [ ] Rider/Endorsement [ ] Advertising [ ] Schedule of Benefits [ ] Actuarial Memorandum [ ] Other **Rates** [ ] New Rate [ ] Revised Rate [ ] Actuarial Memorandum [ ] Other ______________ **Report** ______________
11.	Filing Submission Date	02/01/2009
12.	Filing Fee (If required)	Amount $0.00 Check Date Retaliatory [ ] Yes [ ] No Check Number ______
13.	Date of Domiciliary Approval	__________

14.	Filing Description:

See attached Document.

15.	Certification (If required)

I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisionis for the state of Illinois

Original Signature: Joseph G Brooks

Print Name: Company Officer's Name

Title: Company Officer's Title

Date: 02/01/2009

16.	Form Filing Attachment			
This filing transmittal is part of company tracking number		2009-001OOC		
This filing corresponds to rate filing company tracking number				
	Document Name / Description	Form Number		Replaced Form Number / Previous State Filing Number
1	Outline of Coverage Form / Outline of Coverage		[x] Initial [ ] Revised [ ] Other	
2		2009CANCERPOL(01/09)	[ ] Initial [ ] Revised [x] Other ASSC POL	2009-001

Life, Accident Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of: Illinois

2.	Department Use Only	
	State Tracking ID	

3.	Insurer Name & Address	Domicile	NAIC Group #	NAIC #	FEIN #
Insurance Company Name 555 Street Address City Name, XX 32804		State	1234	12345	12-1234547

4.	Filer Name & Address	Telephone #	Fax #	E-mail Address
Angel . Contact 111 North Main Street Anytown, IL 666660001		(800) 555-5555 X555	(555) 555-4444 X	acontact@youremailaddress.com

5.	Filing Method	[X] CD-R/RW	[ ] Electronic/Serff Tracking Number:

6.	Company Tracking Number	2009-001RATE
7.	Market	[X] Individual [ ] Group [ ] Small [ ] Large [ ] Any size [ ] Other:
8.	Type of Insurance	H07I Individual Health - Specified Disease - Limited Benefit
9.	Product Coding Matrix Filing Code	H07I.002A Dread Disease - Cancer Only
10.	Submitted Documents	**Forms** [ ] Policy [ ] Outline of Coverage [ ] Certificate [ ] Application/Enrollment [ ] Rider/Endorsement [ ] Advertising [ ] Schedule of Benefits [ ] Actuarial Memorandum [ ] Other **Rates** [X] New Rate [ ] Revised Rate [X] Actuarial Memorandum [ ] Other ______________________ **Report** ______________________
11.	Filing Submission Date	02/01/2009
12.	Filing Fee (If required)	Amount $0.00 Check Date Retaliatory [ ] Yes [ ] No Check Number ______
13.	Date of Domiciliary Approval	__________

14.	Filing Description:

See attached Document.

15.	Certification (If required)

I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisionis for the state of Illinois

Original Signature: Joseph G Brooks

Print Name: Company Officer's Name

Title: Company Officer's Title

Date: 02/01/2009

17.	Rate Filing Attachment			
This filing transmittal is part of company tracking number	2009-001RATE			
This filing corresponds to form filing company tracking number				
Overal Percentage impact for this filing	0.00 %			
	Document Name Description	Affected Form Numbers		Previous State Filing Number
1	Cancer Policy New Rates Rates		x New Request Revised + ___.__ % - ___.__ % Other	
2		2009CANCERPOL(01/09)	New Request Revised + ___.__ % - ___.__ % Other	2009-001

EXHIBIT B - MEDICARE SUPPLEMENT ADVERTISING INFORMATIONAL FILING

THREE (3)PAGES

Life, Accident Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of: Illinois

2.	Department Use Only	
	State Tracking ID	

3. Insurer Name & Address	Domicile	NAIC Group #	NAIC #	FEIN #
Insurance Company Name 555 Street Address City Name, XX 32804	State	1234	12345	12-1234547

4. Filer Name & Address	Telephone #	Fax #	E-mail Address
Angel . Contact 111 North Main Street Anytown, IL 666660001	(800) 555-5555 X555	(555) 555-4444 X	acontact@youremailaddress.com

5.	Filing Method	☐ N/A	☒ Electronic/Serff Tracking Number: SERF-126999999

6.	Company Tracking Number	2009ADV
7.	Market	☒ Individual ☐ Group ☐ Small ☐ Large ☐ Any size ☐ Other:
8.	Type of Insurance	MS06 Medicare Supplement - Other
9.	Product Coding Matrix Filing Code	MS06.000 Medicare Supplement - Other
10.	Submitted Documents	**Forms** ☐ Policy ☐ Outline of Coverage ☐ Certificate ☐ Application/Enrollment ☐ Rider/Endorsement ☒ Advertising ☐ Schedule of Benefits ☐ Actuarial Memorandum ☐ Other **Rates** ☐ New Rate ☐ Revised Rate ☐ Actuarial Memorandum ☐ Other ____________ **Report** ____________
11.	Filing Submission Date	02/01/2009
12.	Filing Fee (If required)	Amount $0.00 Check Date Retaliatory ☐ Yes ☐ No Check Number ______
13.	Date of Domiciliary Approval	__________

14.	Filing Description:

See attached Document.

15.	Certification (If required)

I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisionis for the state of Illinois

Original Signature: Joseph G Brooks

Print Name: Company Officer's Name

Title: Company Officer's Title

Date: 02/01/2009

16.	Form Filing Attachment			
This filing transmittal is part of company tracking number		2009ADV		
This filing corresponds to rate filing company tracking number				
	Document Name / Description	Form Number		Replaced Form Number / Previous State Filing Number
1	Medicare Supplement Advertising / Advertising		[x] Initial [ ] Revised [ ] Other	
2		PLANA(01/08)	[ ] Initial [ ] Revised [x] Other ASSC POL	/ PLANA(01/08)
3		PLANB(01/08)	[ ] Initial [ ] Revised [x] Other ASSC POL	/ PLANB(01/08)
4		PLANC(01/08)	[ ] Initial [ ] Revised [x] Other ASSC POL	/ PLANC(01/08)
5		PLANF(01/08)	[ ] Initial [ ] Revised [x] Other ASSC POL	/ PLANF(01/08)

EXHIBIT C - REVISED RATE FILING EXAMPLE

THREE (3) PAGES

Life, Accident Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of: Illinois

2.	Department Use Only	
	State Tracking ID	

3.	Insurer Name & Address	Domicile	NAIC Group #	NAIC #	FEIN #
	Insurance Company Name 555 Street Address City Name, XX 32804	State	1234	12345	12-1234547

4. Filer Name & Address		Telephone #	Fax #	E-mail Address
Angel . Contact 111 North Main Street Anytown, IL 666660001		(800) 555-5555 X555	(555) 555-4444 X	acontact@youremailaddress.com

5.	Filing Method	☐ N/A	☒ Electronic/Serff Tracking Number: SERF-126999999

6.	Company Tracking Number	2009-010RATE
7.	Market	☒ Individual ☐ Group ☐ Small ☐ Large ☐ Any size ☐ Other:
8.	Type of Insurance	H07I Individual Health - Specified Disease - Limited Benefit
9.	Product Coding Matrix Filing Code	H07I.002A Dread Disease - Cancer Only
10.	Submitted Documents	**Forms** ☐ Policy ☐ Outline of Coverage ☐ Certificate ☐ Application/Enrollment ☐ Rider/Endorsement ☐ Advertising ☐ Schedule of Benefits ☐ Actuarial Memorandum ☐ Other **Rates** ☐ New Rate ☒ Revised Rate ☐ Actuarial Memorandum ☐ Other ________________ **Report** ________________
11.	Filing Submission Date	02/01/2009
12.	Filing Fee (If required)	Amount $0.00 Check Date Retaliatory ☐ Yes ☐ No Check Number ______
13.	Date of Domiciliary Approval	__________

14.	Filing Description:

See attached Document.

15.	Certification (If required)

I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisionis for the state of Illinois

Original Signature: Joseph G Brooks

Print Name: Company Officer's Name

Title: Company Officer's Title

Date: 02/01/2009

17.	Rate Filing Attachment			
This filing transmittal is part of company tracking number		2009-010RATE		
This filing corresponds to form filing company tracking number				
Overal Percentage impact for this filing		18.00 %		

	Document Name / Description	Affected Form Numbers		Previous State Filing Number
1	Revised Cancer Rates Actuarial Memorandum		New x Revised Other Request + 18.00 % - ___.__ %	
2		2008CANCERPOL(01/08)	New Revised Other Request + ___.__ % - ___.__ %	2008-001

16.	Form Filing Attachment			
This filing transmittal is part of company tracking number		2009MIP		
This filing corresponds to rate filing company tracking number				
	Document Name Description	Form Number		Replaced Form Number Previous State Filing Number
1	Matrix Insert Form Matrix Insert Page	MIP-2009A	[x] Initial [ ] Revised [ ] Other	
2	Matrix Insert Form Matrix Insert Page	MIP-2009B	[x] Initial [ ] Revised [ ] Other	
3	Matrix Insert Form Matrix Insert Page	MIP-2009C	[x] Initial [ ] Revised [ ] Other	
4		POL2009(02/09)	[ ] Initial [ ] Revised [x] Other ASSC POL	POL2009(02/09)

EXHIBIT D - ASSOCIATION FILING EXAMPLE

ONE (1) PAGE

16.	Form Filing Attachment			
This filing transmittal is part of company tracking number	2009RIM			
This filing corresponds to rate filing company tracking number				
	Document Name / Description	Form Number		Replaced Form Number / Previous State Filing Number
1	Material Required to be as Information / Required Informational Material		[x] Initial [ ] Revised [ ] Other	

EXHIBIT E - INFORMATIONAL FILING - REQUIRED INFORMATIONAL MATERIAL EXAMPLE

ONE (1) PAGE

EXHIBIT F - ASSUMPTION EXAMPLE

THREE (3) PAGES

Life, Accident Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of: Illinois

2.	Department Use Only	
	State Tracking ID	

3.	Insurer Name & Address	Domicile	NAIC Group #	NAIC #	FEIN #
Insurance Company Name 555 Street Address City Name, XX 32804		State	1234	12345	12-1234547

4.	Filer Name & Address	Telephone #	Fax #	E-mail Address
Angel . Contact 111 North Main Street Anytown, IL 666660001		(800) 555-5555 X555	(555) 555-4444 X	acontact@youremailaddress.com

5.	Filing Method	☐ N/A	☒ Electronic/Serff Tracking Number: SERF-126333333

6.	Company Tracking Number	2009ASSUME
7.	Market	☒ Individual ☐ Group ☐ Small ☐ Large ☐ Any size ☐ Other:
8.	Type of Insurance	L07I Individual Life - Whole
9.	Product Coding Matrix Filing Code	L07I.111 Single Premium - Single Life
10.	Submitted Documents	**Forms** ☐ Policy ☐ Outline of Coverage ☐ Certificate ☐ Application/Enrollment ☐ Rider/Endorsement ☐ Advertising ☐ Schedule of Benefits ☐ Actuarial Memorandum ☒ Other Assume Business - FEIN: 36-1111111 **Rates** ☐ New Rate ☐ Revised Rate ☐ Actuarial Memorandum ☐ Other ____________ **Report** ____________
11.	Filing Submission Date	02/01/2009
12.	Filing Fee (If required)	Amount $0.00 Check Date Retaliatory ☐ Yes ☐ No Check Number ______
13.	Date of Domiciliary Approval	__________

14.	Filing Description:

See attached Document.

15.	Certification (If required)

I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisionis for the state of Illinois

Original Signature: Joseph G Brooks

Print Name: Company Officer's Name

Title: Company Officer's Title

Date: 02/01/2009

16.	Form Filing Attachment			
This filing transmittal is part of company tracking number	2009ASSUME			
This filing corresponds to rate filing company tracking number				
	Document Name Description	Form Number		Replaced Form Number Previous State Filing Number
1	Certificate of Assumption Form Assumption	COA2009ASSUMPTION	☐ Initial ☐ Revised ☒ Other: Assumption	

Life, Accident Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of: Illinois

2.	Department Use Only	
	State Tracking ID	

3.	Insurer Name & Address	Domicile	NAIC Group #	NAIC #	FEIN #
Insurance Company Name 555 Street Address City Name, XX 32804		State	1234	12345	12-1234547

4.	Filer Name & Address	Telephone #	Fax #	E-mail Address
Angel . Contact 111 North Main Street Anytown, IL 666660001		(800) 555-5555 X555	(555) 555-4444 X	acontact@youremailaddress.com

5.	Filing Method	☐ N/A	☒ Electronic/Serff Tracking Number: SERF-126444444

6.	Company Tracking Number	2009LTC
7.	Market	☒ Individual ☐ Group ☐ Small ☐ Large ☐ Any size ☐ Other:
8.	Type of Insurance	LTC03I Individual Long Term Care
9.	Product Coding Matrix Filing Code	LTC03I.001 Qualified
10.	Submitted Documents	**Forms** ☒ Policy ☐ Outline of Coverage ☐ Certificate ☒ Application/Enrollment ☒ Rider/Endorsement ☐ Advertising ☐ Schedule of Benefits ☐ Actuarial Memorandum ☐ Other **Rates** ☐ New Rate ☐ Revised Rate ☐ Actuarial Memorandum ☐ Other ______ **Report** ______
11.	Filing Submission Date	02/01/2009
12.	Filing Fee (If required)	Amount $0.00 Check Date Retaliatory ☐ Yes ☐ No Check Number ______
13.	Date of Domiciliary Approval	__________

14.	Filing Description:

See attached Document.

15.	Certification (If required)

I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisionis for the state of Illinois

Original Signature	Joseph G Brooks	Print Name	Company Officer's Name
		Title	Company Officer's Title
		Date	02/01/2009

16.	Form Filing Attachment			
This filing transmittal is part of company tracking number		2009LTC		
This filing corresponds to rate filing company tracking number				
	Document Name / Description	Form Number		Replaced Form Number / Previous State Filing Number
1	Long Term Care Policy / Policy	LTC2009POLICY	[x] Initial [ ] Revised [ ] Other	
2	Long Term Care Rider / Rider	LTC2009RIDER-A	[x] Initial [ ] Revised [ ] Other	
3	Long Term Care Rider / Rider	LTC2009RIDER-B	[x] Initial [ ] Revised [ ] Other	
4	Long Term Care Application / Application	LTC2009APP	[x] Initial [ ] Revised [ ] Other	

16.	Form Filing Attachment			
This filing transmittal is part of company tracking number	2009LTC-OOC			
This filing corresponds to rate filing company tracking number				
	Document Name / Description	Form Number		Replaced Form Number / Previous State Filing Number
1	Long Term Care Outline of Coverage / Outline of Coverage		[x] Initial [ ] Revised [ ] Other	
2		LTC2009POLICY	[ ] Initial [ ] Revised [x] Other ASSC POL	2009LTC
3		LTC2009RIDER-A	[ ] Initial [ ] Revised [x] Other ASSC POL	2009LTC
4		LTC2009RIDER-B	[ ] Initial [ ] Revised [x] Other ASSC POL	2009LTC

This Section 16 page is part of the second filing required for this multiple transmittal example. I didn't include the entire transmittal document, (Pages 1 and 2) for space reasons. When making these types of Long Term Care multiple transmittal filings, you will submit three separate SERFF or CD-ROM submissions with three separate transmittals. Each transmittal must have its own unique Company Tracking Number.

17.	Rate Filing Attachment			
This filing transmittal is part of company tracking number	2009LTC-RATE			
This filing corresponds to form filing company tracking number				
Overal Percentage impact for this filing	0.00 %			
	Document Name Description	Affected Form Numbers		Previous State Filing Number
1	Long Term Care Rates Rates		x New Revised Other Request + ___.__ % - ___.__ %	
2		LTC2009POLICY	New Revised Other Request + ___.__ % - ___.__ %	2009LTC
3		LTC2009RIDER-A	New Revised Other Request + ___.__ % - ___.__ %	2009LTC
4		LTC2009RIDER-B	New Revised Other Request + ___.__ % - ___.__ %	2009LTC

This Section 17 page is part of the third transmittal required for this multiple transmittal example. I didn't include the entire transmittal document (Pages 1 and 2) for space reasons. When making these types of Long Term Care multiple transmittal filings, you will submit three separate SERFF or CD-ROM submissions with three complete separate transmittals. Each transmittal must have its own unique Company Tracking Number.

16.	Form Filing Attachment			
This filing transmittal is part of company tracking number		2009-010WITH		
This filing corresponds to rate filing company tracking number				
	Document Name / Description	Form Number		Replaced Form Number / Previous State Filing Number
1			☐ Initial ☐ Revised ☒ Other Withdrawal	POL2008(02/08) / POL2008(02/08)
2			☐ Initial ☐ Revised ☒ Other Withdrawal	APP2008(02/08) / POL2008(02/08)
3			☐ Initial ☐ Revised ☒ Other Withdrawal	RIDER-A2008(02/08) / POL2008(02/08)
4			☐ Initial ☐ Revised ☒ Other Withdrawal	RIDER-B2008(02/08) / POL2008(02/08)

EXHIBIT H - WITHDRAWAL FILING EXAMPLE

ONE (1) PAGE

Exhibit I - Text Example.TXT
Life, Accident & Health, Annuity, Credit Transmittal Document

State	: Illinois
StateTrackingID	:
DeptUseLine1	:
DeptUseLine2	:
DeptUseLine3	:
DeptUseLine4	:
DeptUseLine5	:
DeptUseLine6	:
InsurerName	: Insurance Company Name
InsurerStreet	: 555 Street Address
InsurerCityStZip	: City Name XX 32804
Domicile	: State
NAICGroupNbr	: 1234
NAICNbr	: 12345
FEIN	: 121234547
FilerName	: Angel Contact
FilerStreet	: 111 North Main Street
FilerCityStZip	: Anytown IL 666660001
Telephone	: 8005555555555
Fax	: 5555554444
Email	: acontact@youremailaddress.com
FilingMethodPaper	:
FilingMethodElecSerff	: 1 SERFF Submission
FilingMethodTrackingNumber	: SERF-126999999
CompanyTrackingNumber	: 2009-010RATE
MarketIndividual	: X
MarketGroup	:
MarketGroupSmall	:
MarketGroupLarge	:

MarketGroupAnySize :

MarketOther :

MarketOtherDescription :

TypeOfInsurance : H07I Individual Health - Specified Disease - Limited Benefit
SubTypeofInsurance : H07I.002A Dread Disease - Cancer Only

SDformPOL :

SDformOOC :

SDformCERT :

SDformAppEnrollment :

SDformRiderEndorsement :

SDformAdvertising :

SDformSOB :

SDformActMemorandum :

SDformOther :

SDformOtherDescription :

SDRatesNewRate :

SDRatesRevisedRate : X

SDRatesActMemorandum :

SDRatesOther :

SDRatesOtherDescription :

SDReport :

FilingSubmissionDate : 02/01/2009

FilingFeeAmount : 0

CheckDate :

CheckNumber :

RetaliatoryYes :

RetaliatoryNo :

DateOfDomiciliaryApproval :

14. Filing Description:

E-TranMemoDTL : See attached Document.

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StateofCertify             : Illinois
```

PrintName : Company Officer's Name

Title : Company Officer's Title

Date : 02/01/2009

17. Rate Filing Attachment.

Company Tracking Number : 2009-010RATE

Form Filing CTN :

Overall Percentage rate : 018.00

```
                          Document Name, Affected Form Number,
Document Description,
                          Previous State Filing Number
New-Revised/Request(+%)(-%)-Other
                          ====================================
=================================
              : 0001 Revised Cancer  Rates
Actuarial Memorandum
              : 0001
X Revised/Request: 018.00
              : 0001

              : 0002

              : 0002 2008CANCERPOL(01/08)
X Revised/Request: 018.00
              : 0002 2008-001
```

Exhibit A

State of Illinois

Certification of Compliance

Company: Insurance Company

Form Number(s): 2009CANCERPOL(01/08)
2009CANCERAPP(01/08)

Form Title(s): Individual Cancer Forms

I, John Doe, am a duly authorized officer of the above insurer, and do hereby certify that I am knowledgeable as to the current laws, regulations, checklists, and bulletins applicable to the policy form(s) identified above that is (are) the subject of this filing (hereafter “the policy forms”), and that the policy forms are in compliance with such laws and regulations. I further certify that this submission is complete and contains all materials required by applicable laws, checklists, and bulletins.

I understand that the Insurance Division will rely on this certification in approving the policy forms listed above, and should it subsequently be determined that the policy forms listed above do not comply with the applicable laws, regulations, checklists, and bulletins or that this certification is materially false or incorrect, corrective and disciplinary action, including retroactive disapproval, as authorized by law, may be taken by the Division against the company and the officer that completed this certification.

Signature of Corporate Officer: Signature Here

Signature of Company Compliance Officer: Signature Here

Name (typed or printed): John Doe

Title: Vice President **Direct Telephone Number:** (999)999-9999

Date: February 1, 2009

(This certification does not change an insurer’s responsibility to comply with the Insurance Code. Failure to comply with all applicable provisions of the Code will cause an insurer to be subject to penalties ranging from suspension of authority to utilize the expedited process, discontinuation of authority to use of the form(s), examination, monetary penalties, or limitation or revocation of their certificate of authority. Insurers should be aware that the assignment of such penalties will be liberal to ensure continued compliance with all Code requirements.)

Exhibit B

State of Illinois

Actuarial Certification

Company: Insurance Company

Submission: 2009-001

Form Number(s): 2009CANCERPOL(01/09), 2009CANCERAPP(01/09)

I hereby certify that the above submission conforms to generally accepted actuarial principles, standards and guidelines, that the reserves, including a test for deficiency reserves, and non-forfeiture benefits, if applicable, comply with all statutes, rules and regulations of the state of Illinois, and that premiums, if any, are not excessive, inadequate, unfairly discriminatory, or unreasonable in relation to benefits provided.

Signature of qualified actuary: Signature Here

Name (typed or printed): Jane Doe

Title: Life Actuary

Direct Telephone Number: (999)999-8888

Date: February 1, 2009

(This certification does not change an insurer's responsibility to comply with the Insurance Code. Failure to comply with all applicable provisions of the Code will cause an insurer to be subject to penalties ranging from suspension of authority to utilize the expedited process, discontinuation of authority to use the rate, examination, monetary penalties, or limitation or revocation of their certificate of authority. Insurers should be aware that the assignment of such penalties will be liberal to ensure continued compliance with all Code requirements.)

EXHIBIT L - INDIVIDUAL WHOLE LIFE CHECKLIST

SEVEN (7) PAGES

Contact Person:

Cindy Colonius

217-782-4572

Cindy.Colonius@Illinois.gov

Illinois Division of Insurance

Review Requirements Checklist

320 West Washington Street

Springfield, IL 62767-0001

Effective 5/06/08

Line(s) of Business	**Filing Code(s)**	**Line(s) of Insurance**	**Filing Code(s)**
Individual Whole Life Insurance	**L07I**	**Individual Whole Life Policies**	**L07I.001** **L07I.002**

Illinois Insurance Code Link	Illinois Compiled Statutes Online
Illinois Administrative Code Link	Administrative Regulations Online
Product Coding Matrix	Product Coding Matrix

REVIEW REQUIREMENTS	**REFERENCE**	**DESCRIPTION OF REVIEW** **STANDARDS REQUIREMENTS**	**LOCATION OF STANDARD IN FILING**
		NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	
FORM FILING REQUIREMENTS	**REFERENCE**	**DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS**	**LOCATION OF STANDARD IN FILING**
Uniform Transmittal Document (Etrans)	50 IL Adm. Code 916	Form filings must now be submitted either by SERFF or CD-ROM. Please visit the Division's web site for the Universal Transmittal Document (Etrans) by clicking this link. Scroll down to "Universal Transmittal Document Software (Etrans)"	
Review Requirements Checklist	Go to Review Requirements Checklists on DOI web site. See next column	Each filing must include a completed Review Requirements Checklist that must contain a completed “Location of Standard in Filing” column for each required element of the filing. Please indicate the proper page # and form # for each entry. The checklists may be found at this link.	

Cover Letter and Letter of Submission	50 IL Adm. Code 1405.20 (e) 50 IL Adm. Code 2001.30 (a) (3) 50 IL Adm. Code 916.40 (b)	n addition to referencing any previously approved form number(s) as required by 50 IL Adm. Code 1405.20(e), those references must also include the filing number and SERFF tracking number (if applicable and available) for the referenced forms. Letters of submission must generally describe the intent and use of the form being filed and, if applicable, how it will be used with any previously approved form(s).	
Unique Form Number	50 IL Adm. Code 916 50 IL Adm. Code 1405.20 b) 1)	A unique form number must be on each form in the lower left hand corner.	
GENERAL REQUIREMENTS FOR ALL FILINGS	**REFERENCE**	**DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS**	
Entire Contract	215 ILCS 5/224 (1)(c)	The policy together with an endorsed application attached to the policy shall constitute the entire contract between parties.	
Incontestable Period	215 ILCS 5/224 (1)(c) 50 IL Adm. Code 1405.40 e)	The policy shall be incontestable after a period of no more than 2 years, except for non-payment of premium and certain other conditions.	
Premium Payments	215 ILCS 5/224 (1)(a) 50 IL Adm. Code 1405.40 a)	The policy must contain a provision that all premiums after the first shall be payable in advance either at the home office or to an agent of the company. A signed receipt will be issued at the request of the policyholder.	
Premium Adjustment	215 ILCS 5/224 (1)(b) 50 IL Adm. Code 1405.40 a) 5)	At the time of claim any premium not paid at the time of death may be deducted from the death claim settlement.	
Misstatement of Age or Sex	215 ILCS 5/224 (1)(d)	If a misstatement of age or sex is found at any time before final settlement, the amount payable under the policy shall be the amount the premium would have purchased at the correct age or sex at the date of issue.	
Free Look	215 ILCS 5/224	The policy must contain a 10-day free	

	(1)(n)	look provision.	
Grace Period	215 ILCS 5/224 (1)(b)	The insured is entitled to a grace period of 30 days.	
Proof of Death/Payment of Claim	215 ILCS 5/224 (1)(j) 50 IL Adm. Code 1405.40 g)	Settlement of a claim shall be made upon receipt of due proof of death and not later than 2 months after receipt of such proof. Insurers may not require a specific form for filing a claim.	
Delayed Settlement Interest	215 ILCS 5/224 (1)(l)	This provision need not appear in the policy, however, the insurer must notify the beneficiary at the time of claim. Interest will accrue on the proceeds payable from the date of death, at the rate of 9%, on the total amount payable, or the face amount if payments are to be made in installments, until the total payment or first installment is paid, unless payment is made within 15 days of receipt of due proof of loss.	
Payment of Proceeds Options	215 ILCS 5/224 (1)(k)	If the policy provides for the payment of proceeds in installments it must include a table showing the amount and period of such installments.	
Dividends	215 ILCS 5/224 (1)(e) 50 IL Adm. Code 1405.40 j)	There must be a provision that the policy annually participates in the surplus of the company starting no later than the end of the third policy year or first policy year if the policy provides for annual participation. Dividend options are: reduction in premium; proceeds left to accumulate; proceeds paid in cash; or proceeds used to purchase extended term or paid-up insurance.	
Policy Loans and Indebtedness	215 ILCS 5/224 (1)(f) 215 ILCS 5/229.5(b)	There must be a provision that after the policy has been in force for 3 full years it will have loan value at a specified maximum fixed or adjusted rate. Any existing indebtedness may be deducted from the death claim settlement. The maximum rate of interest on policy loans is provided in 215 ILCS 5/229.5(b).	
Non-forfeiture and cash surrender values	215 ILCS 5/224 (1)(g) 215 ILCS 5/229.1(1)	There must be a provision detailing nonforfeiture benefits and cash surrender values in accordance with paragraph (1) of 215 ILCS 5/229.1 or	

	215 ILCS 5/229.2(3)	215 ILCS 5/229.2.	
Reinstatement	215 ILCS 5/224 (1)(i)	There must be a provision that in the event of default of the premium, reinstatement, within 3 years from such default, is available as specified. Interest charged for overdue premium may not exceed 6%.	
Appropriate Descriptive Title	215 ILCS 5/224 (1)(m)	There must be an appropriate, unambiguous title describing the form of the policy.	
Signatures Required	215 ILCS 5/224 (1)(c)	Signatures of the officers of the insurer must appear on the face page of the policy.	
Table of Values	215 ILCS 5/224 (1)(h)	There must be a table showing, in figures, the loan values and the options available under the policy each year, upon default in premium payments, during at least the first 20 years of the policy. The policy must also contain a provision that the insurer will furnish, upon request, an extension of the table beyond the years shown in the policy.	
Actuarial Calculations	215 ILCS 5/229.2(1)(v)(vi), (4a)	Actuarial calculations are required.	
Unisex Filings	215 ILCS 5/223 (3)(a)(i)	The filing must indicated that the form is being filed in accordance with Norris decision type groups.	
ADMINISTRATIVE CODE PROVISIONS			
Name and Address Required	50 IL Adm. Code 1405.20 c) 1) 2)	The insurer name and home office address is required on the front and back page of the policy.	
Schedule Page Requirements	50 IL Adm. Code 1405.20 d) 3)	The schedule page must be completed in "John Doe" fashion.	
Time Limit on Filing Claims	50 IL Adm. Code 1405.40 h)	There is no time limit for filing a death claim unless the claim is conditional upon other contingencies such as prior disability or accident.	
Disclosure Requirements	50 IL Adm. Code 930.50 a) b)	Except for direct response policies, an insurer must provide a Buyer's Guide to all prospective purchasers. For direct response, the Buyer's Guide	

		must be issued prior to or at the time of delivery of the policy. A Buyer's Guide and a Policy Summary must be issued to any prospective purchaser upon request.	
Automatic Premium Loans	50 IL Adm. Code 1405.40 c)	Automatic premium loan provisions must be elective.	
War Clause	50 IL Adm. Code 1405.40 u) 50 IL Adm. Code 1402.10 and 1402.20	Military and noncombatant civilian exclusion clauses are permissible as long as the insurer has excluded benefits due to war in the incontestable clause and complies with the requirements of 50 IL Adm. Code 1402.	
GENERAL INFORMATION			
Cash Surrender Deferred	215 ILCS 5/229.2(1)(vi)	Insurers may defer cash surrender payments for 6 months.	
HIV/AIDS Questions on Application	215 ILCS 5/143 (1)	Questions designed to elicit information regarding AIDS, ARC and HIV must be specifically related to the testing, diagnosis or treatment done by a physician or an appropriately licensed clinical professional acting within the scope of his/her license.	
Replacement Question	50 IL. Adm. Code 917.50 50 IL Adm. Code 917.70	The application for an individual contract, unless exempted by 50 IL Adm. Code 917.50, must contain a replacement question designed to elicit information concerning whether the policy will replace any existing life insurance contract.	
No Discrimination on Lawful Travel	215 ILCS 5/236 (e)	No life company may discriminate in its underwriting or rating practices based on an insured's past or future lawful travel. Exceptions may be made based on sound actuarial principals or related to actual or reasonably expected experience not based solely on a destination's inclusion on the US Department of State's travel warning list.	
DEPARTMENT POSITIONS			
Life Illustration	50 IL. Adm. Code 1406.40 c)	If the policy is to be illustrated, a copy of the illustration must be submitted (policies with guaranteed scheduled	

		death benefits of $10,000 or less or illustrated death benefits less than $15,000 are exempt).	
Accidental Death Benefit	215 ILCS 5/4	Life insurance policies that limit payment of proceeds in the first two policy years due to accidental death are required to disclose on the table of cash values the amount of the death benefit paid for accidental death in one column and the amount of the death benefit paid due to natural causes in another column. It must be made clear that the accidental death benefit is paid in addition to the death by natural causes.	
Last Survivor Benefit	215 ILCS 5/143 (1)	The last survivor benefit payment requires disclosure on the face page of the policy that, "NO DEATH BENEFIT WILL BE PAID ON THE DEATH OF THE FIRST INSURED TO DIE". Failure to include such language would be ambiguous and misleading to the insured.	
Terminology	50 IL. Adm. Code 1405.40 g)	Terminology such as "proof satisfactory to us" is not permitted.	
Lapse Terminology	215 ILCS 5/143 (1)	Language such as "no lapse", "no lapse guarantee" or "death benefit guarantee" is permitted only if there is a statement, in close proximity to the provision, indicating that the guarantee does not mean the policy or contract would never lapse.	
Modifications	215 ILCS 5/224 (1)(c)	Only an officer of the company may modify the policy.	
Suicide Exclusion	215 ILCS 5/224. (1)(c) 215 ILCS 5/225 (c) 50 IL Adm. 1405.40 f)	A suicide exclusion time frame may not exceed the incontestable period.	
Extended Maturity Date Rider	215 ILCS 5/143 (1)	An extended maturity date coverage option is permitted for newly issued policies only if the language is contained in the policy or contract. The coverage may not be added as a rider. However, a rider may be used to add extended maturity date coverage to in-force policies.	

Actuarial Certification Requirement	215 ILCS 5/143 (1)	Insurers must provide an actuarial certification that the extended maturity date option complies with Illinois valuation and non-forfeiture laws since certain mortality tables require the policy or contract become paid up at age 99. Once a policy becomes paid up no cost of insurance or any other fees may be charged, but interest must still be credited.	
Disclosure Requirement	215 ILCS 5/143 (1)	A statement must be included in the policy, contract, or rider disclosing that there may be tax consequences associated with the extended maturity date option and the insured should consult with his/her tax advisor for further guidance. This statement must be in close proximity to the provision.	