
State:	Missouri	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	General TIC IM Filing		
Project Name/Number:	General TIC IM Filing/MO01307FI00091		

Filing at a Glance

Company:	Time Insurance Company
Product Name:	General TIC IM Filing
State:	Missouri
TOI:	H16I Individual Health - Major Medical
Sub-TOI:	H16I.005C Individual - Other
Filing Type:	Form
Date Submitted:	07/31/2013
SERFF Tr Num:	ASWX-G129141327
SERFF Status:	Closed-FILED
State Tr Num:	ASWX-G129141327
State Status:	FILED
Co Tr Num:	G129141327
Implementation	01/01/2014
Date Requested:	
Author(s):	SPI AssurantHealthandEmployeeBenef
Reviewer(s):	John Howser (primary)
Disposition Date:	08/01/2013
Disposition Status:	FILED
Implementation Date:	

State Filing Description:

State: Missouri **Filing Company:** Time Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: General TIC IM Filing
Project Name/Number: General TIC IM Filing/MO01307FI00091

General Information

Project Name: General TIC IM Filing	Status of Filing in Domicile:
Project Number: MO01307FI00091	Date Approved in Domicile:
Requested Filing Mode: Informational	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 08/01/2013
	State Status Changed: 08/01/2013
Deemer Date:	Created By: SPI AssurantHealthandEmployeeBenef
Submitted By: SPI AssurantHealthandEmployeeBenef	Corresponding Filing Tracking Number:
	State TOI: H16I Individual Health - Major Medical

Filing Description:

Re: Time Insurance Company Nebraska Form
Discontinuance

Dear Director Huff,

We are planning to discontinue and replace the following Time Insurance Company forms in the State of Nebraska:

Form to be discontinued on or around November 1, 2013:
FORM 499.001.XX (non-grandfathered)
Forms to be discontinued starting with renewal dates of January 1, 2014:
227.001.XX (non-grandfathered)
FORM 244.001.XX (non-grandfathered)
FORM 554 (grandfathered and non-grandfathered)
TIM.CER.NE (non-grandfathered)

Nebraska law requires that we notify each commissioner of insurance in every state in which we are licensed. Therefore, we are sending this notice pursuant to Nebraska Revised Statutes Section 44-787(1)(c). Currently, it is our understanding that discontinuance of the forms noted above will not impact any current residents of your state; however, we will work with your administration regarding any affected residents that are subsequently discovered.

Please note that we will continue to maintain the grandfathered block of business on the form numbers noted above, unless indicated otherwise.

Please feel free to contact me if you require any additional information.

Sincerely,

Sammi-Jo C. Nevin

Associate Counsel

414-299-6616

Sammi-Jo.Nevin@Assurant.com

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Company and Contact

Filing Contact Information

Katie Weiher, Administrative Assistant II

501 W. Michigan St. 800-800-1212 [Phone]
Milwaukee, WI 53203 414-299-6168 [FAX]

Filing Company Information

Time Insurance Company	CoCode: 69477	State of Domicile: Wisconsin
501 W. Michigan St.	Group Code: 19	Company Type:
Milwaukee, WI 53203	Group Name:	State ID Number:
(800) 800-1212 ext. [Phone]	FEIN Number: 39-0658730	

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State Specific

If your policy forms contain variable TEXT (brackets or other means denoting variation), please indicate the total number of policy form variations that your company intends to generate, based on the variable TEXT. (This EXCLUDES sales projections, and any variable dollar amounts.) Please review DIFP Filing Guidelines at <http://insurance.mo.gov/industry/filings/lh/index.php> for additional guidance regarding the use of variable text in policy form filings. If there is no variable text in your policy form(s), please indicate "no variable text". DIFP will accept the following responses to this question: a digit; the phrase "no variable text"; the phrase "n/a" if the filing is rates, reports, advertising, or Medicare supplement forms. Please do not put an explanation of variability in this field. Please attach that separately in an explanation of variability under the "Supporting Documentation" tab. Please call the L&H Manager at 573-526-0672 with any questions.: N/A