

State: Missouri **Filing Company:** Time Insurance Company
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: ND (TIM, 253, 553) Forms Discontinuance Notification
Project Name/Number: General TIC IM Filing/MO01307FI00144

Filing at a Glance

Company: Time Insurance Company
Product Name: ND (TIM, 253, 553) Forms Discontinuance Notification
State: Missouri
TOI: H15I Individual Health - Hospital/Surgical/Medical Expense
Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical Expense
Filing Type: Form
Date Submitted: 09/19/2013
SERFF Tr Num: ASWX-G129212130
SERFF Status: Closed-FILED
State Tr Num: ASWX-G129212130
State Status: FILED
Co Tr Num: MO01307FI00144

Implementation: 01/01/2014
Date Requested:
Author(s): SPI AssurantHealthandEmployeeBenef
Reviewer(s): John Howser (primary)
Disposition Date: 09/23/2013
Disposition Status: FILED
Implementation Date:

State Filing Description:

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General Information

Project Name: General TIC IM Filing
Project Number: MO01307FI00144
Requested Filing Mode: Informational

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

Deemer Date:
Submitted By: SPI AssurantHealthandEmployeeBenef

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments: Not required by the state of Wisconsin
Market Type: Individual
Individual Market Type: Individual
Filing Status Changed: 09/23/2013
State Status Changed: 09/23/2013
Created By: SPI AssurantHealthandEmployeeBenef
Corresponding Filing Tracking Number:
State TOI: H15I Individual Health - Hospital/Surgical/Medical Expense

Filing Description:
Director John M. Huff
Missouri Department of Insurance
Fin. Institutions & Prof. Registration (DIFP)
P.O. Box 690
Jefferson City, Missouri 65102-0690

Re: Time Insurance Company North Dakota Forms Discontinuance

Dear Director Huff,

We are planning to discontinue and replace the following Time Insurance Company forms in the State of North Dakota starting with renewals on January 1, 2014:

TIM.POL.ND (non-grandfathered)
253.001.ND (non-grandfathered)
553 (grandfathered and non-grandfathered)

North Dakota 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 North Dakota Statutes Section 26.1-36.4-05(1)(e). 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

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Associate Counsel
414-299-6616
Sammi-Jo.Nevin@Assurant.com

Company and Contact

Filing Contact Information

Jennifer Young, Supervisor, Product Compliance
jennifer.young@assurant.com
501 W. Michigan St. 800-800-1212 [Phone] 6899 [Ext]
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.: No variable text