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|---------------------------------|---|-------------------------------|-------------------------|
| <i>SERFF Tracking Number:</i> | <i>ALSB-125878398</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Allstate Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>40714</i> |
| <i>Company Tracking Number:</i> | <i>FIC283A SERIES</i> | | |
| <i>TOI:</i> | <i>LTC03I Individual Long Term Care</i> | <i>Sub-TOI:</i> | <i>LTC03I.003 Other</i> |
| <i>Product Name:</i> | <i>FIC283A Series</i> | | |
| <i>Project Name/Number:</i> | <i>FIC283A Series/FIC283A Series</i> | | |

Filing at a Glance

Company: Allstate Life Insurance Company

Product Name: FIC283A Series

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.003 Other

Filing Type: Form

SERFF Tr Num: ALSB-125878398

SERFF Status: Closed

Co Tr Num: FIC283A SERIES

Co Status:

Author: Ronald Nissen

Date Submitted: 10/29/2008

State: ArkansasLH

State Tr Num: 40714

State Status: Approved-Closed

Reviewer(s): Harris Shearer

Disposition Date: 11/12/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: FIC283A Series

Project Number: FIC283A Series

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/12/2008

State Status Changed: 11/12/2008

Corresponding Filing Tracking Number:

Filing Description:

We recently made revisions to previously approved FIC283A and corresponding revisions to the SOV. This form was previously approved under State Tracking Number 39870. Other than the changes listed below the forms remain unchanged.

Changes in the table in section B for Rate Increase History include:

Changed the Percentage of Increase column to 0 – 25%

Changed the Contract Form Number series

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

SERFF Tracking Number: ALSB-125878398 State: Arkansas
Filing Company: Allstate Life Insurance Company State Tracking Number: 40714
Company Tracking Number: FIC283A SERIES
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other
Product Name: FIC283A Series
Project Name/Number: FIC283A Series/FIC283A Series

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|----------------|------------|----------------|
| Approved | Harris Shearer | 11/12/2008 | 11/12/2008 |

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Disposition

Disposition Date: 11/12/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Long Term Care Insurance Personal Worksheet - Rider for Long Term Care Services



Allstate Life Insurance Company
Standard Mail - P.O. Box 80469, Lincoln, NE 68501
Express Mail - 2940 S. 84th St. Lincoln, NE 68506-4142

If your application for this Rider is approved, it **will not be issued** until the company receives this Long Term Care Insurance Personal Worksheet completed and signed by the Owner and the Producer.

People buy Long Term Care insurance for many reasons. Some don't want to use their own assets to pay for Long Term Care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. But Long Term Care insurance may be expensive, and may not be right for everyone.

By state law, Allstate Life Insurance Company must fill out part of the information on this worksheet and ask you to fill out the rest to help you and the company decide if you should buy this Rider. All references to "You" on this form apply to the Owner.

A. Proposed Covered Person (Must be Annuitant on Annuity application. Joint Annuitants Not Allowed.)

Printed Name of Proposed Covered Person _____ Date of Birth (MM/DD/YYYY) _____

B. Risk Rate Information

Rider for Long Term Care Insurance, Form Number: _____

This Rider will be issued under Annuity Contract Form Number: _____

The initial risk rate for this Rider is **\$0.0000** per \$1,000 of Long Term Care Benefit Base per year. *(This risk rate does not include any charges for the base annuity contract to which this Rider will be attached.)*

Type of Long Term Care Rider: Guaranteed Renewable

The Company's Right to Increase Rates

Allstate Life Insurance Company has a right to increase risk rates on the Rider form in the future, provided it raises rates for all Riders in the same class in this state.

Rate Increase History

Allstate Life Insurance Company sold Long Term Care insurance from 1988 to 1993 and has sold this Rider form since 2008. The company has not raised its rates on this Rider form in this or any other state, but it is currently in the process of requesting a rate increase on a similar contract form which is no longer available for sale. Following is a summary of the rate increase:

| Contract Form Series | Years Available for Sale | Percentage of Increase | Effective Year |
|-------------------------------------|--------------------------|------------------------|----------------|
| LGU8999, LGU9553, LGU9534, LGU9731A | 1988 - 1993 | 0 - 25% | 2009 |

C. Questions Related to Your Income

- How will you pay each year's premium?
 - From my income
 - From my savings/investments
 - My family will pay
- Have you considered whether you could afford to keep this Rider if the premiums went up, for example, by 20%?
 - Yes
 - No
- What is your annual income? (check one)
 - Under \$25,000
 - \$25,000 - 50,000
 - \$50,000 - 75,000
 - \$75,000 - 100,000
 - Over \$100,000

C. Questions Related to Your Income (continued)

4. How do you expect your income to change in the next 10 years? (check one)

- No change Increase Decrease

A rule of thumb is that you may not be able to afford this Rider if the risk rate will be more than 7% of your income.

5. Will you buy inflation protection? (check one) Yes No

If not, have you considered how you will pay for the difference between future costs and your daily benefit amount? (check one)

- From my Income From my Savings/Investments My Family will Pay Other _____

The national average annual cost for a private room in a nursing home in 2007 was \$74,806, but this figure varies across the country. In ten years, the national average annual cost would be about \$121,851 if costs increase 5% annually.

6. How are you planning to pay for the Proposed Covered Person's care during the 90-day elimination period? (check one)

- From my Income From my Savings/Investments My Family will Pay Other _____

D. Questions Related to Your Savings and Investments

1. Not counting your home, about how much are all of your assets (your savings and investments) worth? (check one)

- Under \$50,000 \$50,000 - 100,000 \$100,000 - 200,000 Over \$200,000

2. How do you expect your assets to change over the next ten years? (check one)

- No change Increase Decrease

If your assets are less than \$50,000, you may wish to consider other options for financing your Long Term Care instead of purchasing this Rider. (Please Note: Long Term Care benefits under the Rider are paid partly from your own annuity Contract Value, so purchase of this Rider does not fully protect your assets from the impact of Long Term Care expenses.)

E. Disclosure Statement

Check one:

- The answers to the preceding questions in Sections C and D accurately describe my financial situation.
- I choose not to complete the information in Sections C and D of this form, and I have signed the *Verification of Financial Non-Disclosure* provided below in this form.

Check the box to acknowledge you have read the following statement and sign below.

- I acknowledge that the Allstate Life Insurance Company and/or its Producer (indicated below) has reviewed this form with me, including the risk rate, rate increase history, and potential for rate increases in the future. I understand the above disclosures. **I understand that the risk rates for this Rider may increase in the future.** (This box must be checked.)

Sign Here

Signature of Owner

Printed Name of Owner

Date (MM/DD/YYYY)

Signature of Joint Owner

Printed Name of Joint Owner

Date (MM/DD/YYYY)

I explained to the Owner the importance of completing this information.

Sign Here

Producer Signature

Printed Name of Producer

Date (MM/DD/YYYY)

Suitability: Complete the following information ONLY if your producer has advised you that this Rider may not be suitable for you.

My producer has advised me that this Rider does not seem to be suitable for me. However, I still want the Allstate Life Insurance Company to consider my application. Allstate Life Insurance Company may contact me to verify my answers.

Sign Here

Signature of Owner

Printed Name of Owner

Date (MM/DD/YYYY)

Signature of Joint Owner

Printed Name of Joint Owner

Date (MM/DD/YYYY)

Verification of Financial Non-Disclosure (Please only complete this section if you chose not to disclose financial information requested in Sections C and D of this form.)

Check one.

- Yes, I wish to purchase this Rider. I choose **not** to complete the financial information required in Sections C and D of this form. Please continue your review of my application.
- No, I do not wish to purchase this Rider at this time.

Sign Here

Signature of Owner

Printed Name of Owner

Date (MM/DD/YYYY)

Signature of Joint Owner

Printed Name of Joint Owner

Date (MM/DD/YYYY)

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Rate Information

Rate data does NOT apply to filing.

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 Filing Company: Allstate Life Insurance Company State Tracking Number: 40714
 Company Tracking Number: FIC283A SERIES
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other
 Product Name: FIC283A Series
 Project Name/Number: FIC283A Series/FIC283A Series

Supporting Document Schedules

Review Status: 10/29/2008

Satisfied -Name: Certification/Notice

Comments:
Attached is the officer cert.

Attachment:
AR Officer Cert.pdf

Review Status: 10/29/2008

Bypassed -Name: Application

Bypass Reason: Not applicable to this filing submission.

Comments:

Review Status: 10/29/2008

Bypassed -Name: Health - Actuarial Justification

Bypass Reason: Not applicable to this filing submission.

Comments:

Review Status: 10/29/2008

Bypassed -Name: Outline of Coverage

Bypass Reason: Not applicable to this filing submission.

Comments:

Review Status: 10/29/2008

Bypassed -Name: LTC Partnership Certification

Bypass Reason: Not applicable to this filing submission.

Comments:

Review Status: 10/29/2008

Satisfied -Name: Statement of Variability

Comments:
Attached is the SOV.

Attachment:

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SOV FIC283A.pdf

STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

I hereby certify that to the best of my knowledge and belief this submission complies with Ark. Code Ann. 23-79-138, Regulation 49, and Regulation 33.

October 29, 2008

Date

Signature of Officer

Karen Burckhardt

Name

Assistant Vice President

Title and/or Business Affiliation

ALLSTATE LIFE INSURANCE COMPANY

STATEMENT OF VARIABILITY FOR:

Long Term Care Insurance Personal Worksheet: FIC283A

The form listed above contains texts that are bracketed to denote information that may change or vary. Any change will be for future use only, and applied on a non-discriminatory basis.

- **Long Term Care Insurance Personal Worksheet: FIC283A**

Our company logo, address and telephone number are variable so we can revise them when and if they are changed without re-filing this form with your Department. The Company's trademarks may be changed/or added as appropriate.

Initial Risk Rate: \$0.00 - \$12.00. The amounts of the "Initial Risk Rates" and "Maximum Risk Rates" will be the actual rates applicable for the covered person in accordance with the actuarial data. The Initial Risk Rates and Maximum Risk Rates are shown on the data page.

Rate Increase History:

Contract Form Series: In the future, we may add new form numbers of Long Term Care Insurance sold by Allstate Life Insurance Company.

Years Available for Sale: In the future, we may add new form numbers and the years they were offered for sale.

Percentage Increase: 0-25%. The percentage increase will not exceed what has been approved by your Department.

Effective Year: 2009. The rate increase may be filed in 2009 or subsequent years. Any rate increase will be filed with your Department for approval prior to implementation.