

SERFF Tracking Number: LTCG-125881979 State: Arkansas  
Filing Company: American General Life Insurance Company State Tracking Number: 40738  
Company Tracking Number: AR AIG IND LTC FILING - SOGH  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: AR AIG Ind LTC Filing - SOGH  
Project Name/Number: AR AIG Ind LTC Filing - SOGH /AR AIG Ind LTC Filing - SOGH

## Filing at a Glance

Company: American General Life Insurance Company

Product Name: AR AIG Ind LTC Filing - SOGH SERFF Tr Num: LTCG-125881979 State: ArkansasLH

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed

State Tr Num: 40738

Sub-TOI: LTC03I.001 Qualified

Co Tr Num: AR AIG IND LTC  
FILING - SOGH

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Marie Bennett, Harris  
Shearer

Author: Sheryll Mantle

Disposition Date: 11/06/2008

Date Submitted: 10/30/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: AR AIG Ind LTC Filing - SOGH

Status of Filing in Domicile: Pending

Project Number: AR AIG Ind LTC Filing - SOGH

Date Approved in Domicile:

Requested Filing Mode: Informational

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 11/06/2008

Explanation for Other Group Market Type:

State Status Changed: 11/06/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

On behalf of American General Life Insurance Company (Company), we at Long Term Care Group, Inc. (LTCG) are submitting the long term care insurance form Statement of Good Health and Insurability form, AGLC102986-AR for your review and approval. A letter of filing authorization from the Company is attached.

The enclosed form replaces the Statement of Good Health and Insurability form which was approved for use with individual long term care insurance policy 08000-AR. The Department approved individual long term care insurance

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policy 08000-AR on August 14th 2008 under SERFF tracking number LTCG-125673815 (State Tracking Number: 39428).

We are submitting the form because we are amending its fraud notice so that it mirrors the notice on the applications under SERFF tracking number LTCG-125673815.

If you have any questions or would like to discuss any of the materials included in this filing submission, please feel free to call me toll free at 1-888-312-5824. You may also send an email to [smantle@ltcg.com](mailto:smantle@ltcg.com).

## Company and Contact

### Filing Contact Information

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

Sheryll Mantle, Consultant [smantle@LTCG.com](mailto:smantle@LTCG.com)  
5 Commonwealth Road (508) 651-8800 [Phone]  
Natick, MA 01760 (508) 651-8804[FAX]

### Filing Company Information

American General Life Insurance Company CoCode: 60488 State of Domicile: Texas  
2727-A Allen Parkway Group Code: 11 Company Type: Life and Health  
Houston, TX 77019 Group Name: State ID Number:  
(713) 831-3150 ext. [Phone] FEIN Number: 25-0598210  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: Per AR Regulations  
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American General Life Insurance Company	\$50.00	10/30/2008	23622992

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Marie Bennett	11/06/2008	11/06/2008

*SERFF Tracking Number:* LTCG-125881979      *State:* Arkansas  
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## **Disposition**

Disposition Date: 11/06/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *LTCG-125881979* State: *Arkansas*  
 Filing Company: *American General Life Insurance Company* State Tracking Number: *40738*  
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Health - Actuarial Justification		Yes
<b>Supporting Document</b>	Outline of Coverage		Yes
<b>Supporting Document</b>	Authorization to File		Yes
<b>Supporting Document</b>	Cover Letter		Yes
<b>Form</b>	Statement of Good Health and Insurability		Yes

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## Form Schedule

**Lead Form Number:** AGLC102986-AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AGLC102986-AR	Policy/Contract	Statement of Good Health and Insurability Certificate: Amendment, Insert Page, Endorsement or Rider	Revised	Replaced Form #: AGLC102986 Previous Filing #: SERFF tracking number LTCG-125673815 (State Tracking Number: 39428)		AGLC102986-AR.pdf



**Statement of Good Health and Insurability**

American General Life Insurance Company  
A subsidiary of American International Group, Inc. (AIG)  
Home Office: 2727-A Allen Parkway, Houston, Texas 77019  
Long Term Care Correspondence: P. O. Box 64889, St. Paul, Minnesota 55164-0889

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In further consideration of the issuance to me by American General Life Insurance Company (The Company), Houston, Texas, of Policy Number \_\_\_\_\_, I do hereby certify that since the date of my Long Term Care insurance application:

1. There has been no change in my health.
2. I am able to perform all activities of daily living without assistance (eating, toileting, transferring, bathing, dressing, continence).
3. The information on my application is correct and there have been no changes to any of my answers to the questions on my application.
4. I have had no illness or injury, have not been seen or treated by any physician or health care provider except for those identified on my application, and have not been hospitalized.
5. I have not been declined, rated, or postponed for long-term care insurance.

If any of the statements 1 through 5 above are not accurate, in the space below (or attach sheets, if necessary), provide full details, including dates, and the name, address, and phone number of any physician or health care provider. The Company reserves the right not to issue this policy if any of the statements 1 through 5 above are not accurate, as set forth below.

**CAUTION: If your answers on the application or Statement of Good Health and Insurability are incorrect or untrue, The Company may have the right to deny benefits or rescind your policy.**

**FRAUD NOTICE - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Agent: \_\_\_\_\_ Date: \_\_\_\_\_

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

### Review Status:

**Bypassed -Name:** Certification/Notice 10/30/2008  
**Bypass Reason:** This is a submission of previously approved form. Compliance with these items was met during the original filing.

### Comments:

### Review Status:

**Bypassed -Name:** Application 10/30/2008  
**Bypass Reason:** This is a submission of previously approved form. Compliance with this item was met during the original filing. The applications were approved on August 14th 2008 under SERFF tracking number LTCG-125673815 (State Tracking Number: 39428)

### Comments:

### Review Status:

**Bypassed -Name:** Health - Actuarial Justification 10/30/2008  
**Bypass Reason:** This is a submission of previously approved form. Compliance with this item was met during the original filing. The actuarial memo was approved on August 14th 2008 under SERFF tracking number LTCG-125673815 (State Tracking Number: 39428)

### Comments:

### Review Status:

**Bypassed -Name:** Outline of Coverage 10/30/2008  
**Bypass Reason:** This is a submission of previously approved form. Compliance with this item was met during the original filing. The outline of coverage was approved on August 14th 2008 under SERFF tracking number LTCG-125673815 (State Tracking Number: 39428)

### Comments:

### Review Status:

**Satisfied -Name:** Authorization to File 10/30/2008

### Comments:

The filing is submitted by a third party other than an employee of the company. A letter to filing on behalf of the company is attached.

### Attachment:

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**AGL Auth.pdf**

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**Review Status:**

**Satisfied -Name:** Cover Letter

10/30/2008

**Comments:**

**Attachment:**

AR SOGH Letter.pdf

April 3, 2008

Dear Insurance Commissioner:

This letter authorizes the Long Term Care Group, Inc. to make various policy form filings, including premium rate filings on behalf of American General Life Insurance Company.

This authorization will remain in full force and effect until the earlier of (a) your receipt of a written notification from American General Life Insurance Company expressly terminating this authorization; or (b) 31<sup>st</sup> of December 2009.

Please feel free to contact me directly should you have any questions concerning this authorization, c/o American General Life Companies, 2929 Allen Parkway, Mail Stop A38-40, Houston, TX, 77019. My e-mail address, telephone and fax numbers are below.

Sincerely,



Leo W. Grace  
Vice President  
Product Compliance  
Phone: (800) 247-8837, ext 3508  
Fax: 713-342-7550  
e-mail: leo\_grace@aigag.com

# LTCG

Long Term Care Group, Inc.

Sheryll Mantle  
Long Term Care Group, Inc  
5 Commonwealth Road, Suite 2B  
Natick, MA 01760  
Phone: 888-312-5824  
Fax: 508-651-8804  
E-mail: smantle@ltcg.com

October 30, 2008

Arkansas Insurance Department  
Life and Health Division  
1200 West Third Street  
Little Rock, AR 72201

***SUBMITTED VIA SERFF***

**RE: American General Life Insurance Company**  
FEIN No. 25-0598210      NAIC No. 011-60488  
**INDIVIDUAL ACCIDENT AND HEALTH INSURANCE**  
**Statement of Good Health and Insurability form, AGLC102986-AR for use with**  
**Long Term Care Insurance Policy 08000-AR, et al.**

Dear Sir or Madam:

On behalf of American General Life Insurance Company (Company), we at Long Term Care Group, Inc. (LTCG) are submitting the long term care insurance form Statement of Good Health and Insurability form, AGLC102986-AR for your review and approval. A letter of filing authorization from the Company is attached.

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If you have any questions or would like to discuss any of the materials included in this filing submission, please feel free to call me toll free at 1-888-312-5824. You may also send an email to [smantle@ltcg.com](mailto:smantle@ltcg.com).

We look forward to hearing from you.

Sincerely,



Sheryll Mantle, ACS, AIRC, FLMI  
Compliance Consultant