

SERFF Tracking Number: AOIC-125507988 State: Arkansas
Filing Company: Auto-Owners Life Insurance Company State Tracking Number: 38270
Company Tracking Number: AR-LTC-ANN-REPT-2/08
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: AR LTC Annual Reporting
Project Name/Number: AR LTC Annual Reporting/

Filing at a Glance

Company: Auto-Owners Life Insurance Company

Product Name: AR LTC Annual Reporting SERFF Tr Num: AOIC-125507988 State: ArkansasLH
TOI: LTC06 Long Term Care - Other SERFF Status: Closed State Tr Num: 38270
Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: AR-LTC-ANN-REPT- State Status: Filed-Closed
2/08

Filing Type: Form Co Status: Reviewer(s): Marie Bennett, Harris Shearer
Author: Karin Dewley Disposition Date: 05/02/2008
Date Submitted: 02/27/2008 Disposition Status: Filed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: AR LTC Annual Reporting Status of Filing in Domicile: Not Filed
Project Number: 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: 05/02/2008 Deemer Date:
State Status Changed: 05/02/2008
Corresponding Filing Tracking Number:
Filing Description:
LTC Annual Reporting

Company and Contact

Filing Contact Information

Karin Dewley, Senior Business Systems dewley.karin@aoins.com

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Analyst

P.O. Box 30325 (517) 886-1920 [Phone]
Lansing, MI 48909

Filing Company Information

Auto-Owners Life Insurance Company CoCode: 61190 State of Domicile: Michigan
P.O. Box 30325 Group Code: 280 Company Type: LAH
Lansing, MI 48909 Group Name: Auto-Owners Ins State ID Number:
Group
(800) 346-0346 ext. [Phone] FEIN Number: 38-1814333

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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Life Insurance Company	\$0.00	02/27/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	05/02/2008	05/02/2008

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Disposition

Disposition Date: 05/02/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Rescission Reporting		Yes
Supporting Document	Suitability Reporting		Yes
Supporting Document	Replacement Reporting		Yes

<i>SERFF Tracking Number:</i>	<i>AOIC-125507988</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Auto-Owners Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38270</i>
<i>Company Tracking Number:</i>	<i>AR-LTC-ANN-REPT-2/08</i>		
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>AR LTC Annual Reporting</i>		
<i>Project Name/Number:</i>	<i>AR LTC Annual Reporting/</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AOIC-125507988</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Auto-Owners Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38270</i>
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Supporting Document Schedules

		Review Status:	
Bypassed -Name:	Certification/Notice		02/26/2008
Bypass Reason:	LTC Annual Reporting		
Comments:			

		Review Status:	
Bypassed -Name:	Application		02/26/2008
Bypass Reason:	LTC Annual Reporting		
Comments:			

		Review Status:	
Bypassed -Name:	Health - Actuarial Justification		02/26/2008
Bypass Reason:	LTC Annual Reporting		
Comments:			

		Review Status:	
Bypassed -Name:	Outline of Coverage		02/26/2008
Bypass Reason:	LTC Annual Reporting		
Comments:			

		Review Status:	
Satisfied -Name:	Rescission Reporting		02/27/2008
Comments:			
Attachment:			
AR-rescission.pdf			

		Review Status:	
Satisfied -Name:	Suitability Reporting		02/27/2008
Comments:			
Attachment:			
AR-suitability.pdf			

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Review Status:

Satisfied -Name: Replacement Reporting

02/27/2008

Comments:

Attachment:

AR-replacement.pdf

**RESCISSION REPORTING FORM FOR LONG-TERM CARE POLICIES FOR THE STATE OF
ARKANSAS FOR THE REPORTING YEAR 2007**

Company Name: AUTO-OWNERS LIFE INSURANCE COMPANY

Address: PO BOX 30325, LANSING, MI 48909

Phone Number: (517) 323-1491

Due: March 1 annually

Instructions:

The purpose of this form is to report all rescissions of long-term insurance policies or certificates. Those rescissions voluntarily effectuated by an insured are not required to be included in this report. Please furnish one form per rescission.

POLICY FORM #	POLICY AND CERTIFICATE #	NAME OF INSURED	DATE OF POLICY ISSUANCE	DATE/S CLAIM/S SUBMITTED	DATE OF RESCISSION
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**DETAILED REASON FOR RESCISSION:
NO INFORMATION TO REPORT**

SIGNATURE: _____



NAME AND TITLE: CINDY NICHOLS, DIRECTOR, LIFE UNDERWRITING

SUITABILITY STANDARDS REPORTING FOR LONG-TERM CARE INSURANCE POLICIES

For the State of ARKANSAS For the Reporting Year of 2007

COMPANY NAME: AUTO-OWNERS LIFE INSURANCE COMPANY DUE: June 30, 2008
COMPANY ADDRESS: PO BOX 30325, LANSING, MI 48909 COMPANY NAIC NUMBER: 0280-61190
CONTACT PERSON: ERRON PION TELEPHONE NUMBER: (517) 703-8948

Number of applications received:	1
Number declined information on personal worksheet:	0
Number of applicants who did not meet Suitability Standards:	0
Number of applicants not meeting Suitability; but, wanted coverage:	0

REPLACEMENT AND LAPSE REPORTING FOR LONG-TERM CARE INSURANCE POLICIES

For the State of ARKANSAS For the Reporting Year of 2007

COMPANY NAME: AUTO-OWNERS LIFE INSURANCE COMPANY DUE: June 30, 2008
 COMPANY ADDRESS: PO BOX 30325, LANSING, MI 48909 COMPANY NAIC NUMBER: 0280-61190
 CONTACT PERSON: ERRON PION TELEPHONE NUMBER: (517) 703-8948

Instructions

The purpose of this form is to report on a statewide basis information regarding long-term care insurance policy replacements and lapses. Specifically, every insurer shall maintain records for each agent on that agent's amount of long-term care insurance replacement sales as a percent of the agent's total annual sales and the amount of lapses of long-term care insurance policies sold by the agent as a percent of the agent's total annual sales. The tables below should be used to report the ten percent (10%) of the insurer's agents with the greatest percentages of replacements and lapses.

Listing of the 10% of Agents with the Greatest Percentage of Replacements

Agent Name	Number of Policies sold By This Agent	Number of Policies Replaced by This Agent	Number of Replacements as % of Number Sold By This Agent
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Nothing to report

Listing of the 10% of Agents with the Greatest Percentage of Lapses

Agent Name	Number of Policies sold By This Agent	Number of Policies Lapsed by This Agent	Number of Lapsed as % of Number Sold By This Agent
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Nothing to report

COMPANY TOTALS

Percentage of Replacement Policies Sold to Total Annual Sales 0.93%
 Percentage of Replacement Policies Sold to Policies In Force (as of the end of the preceding calendar year) 0.30%

Percentage of Lapsed Policies to Total Annual Sales 0.23% Percentage of Lapsed Policies to Policies In Force (as of the end of the preceding calendar year) 0.07%