

SERFF Tracking Number: LFPL-125435714 State: Arkansas
Filing Company: Knights of Columbus State Tracking Number: 37907
Company Tracking Number:
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: /

Filing at a Glance

Company: Knights of Columbus
Product Name: Long Term Care
TOI: LTC03I Individual Long Term Care
Sub-TOI: LTC03I.001 Qualified
Filing Type: Form

SERFF Tr Num: LFPL-125435714 State: ArkansasLH
SERFF Status: Closed State Tr Num: 37907
Co Tr Num: State Status: Closed
Co Status: Reviewer(s): Marie Bennett, Harris Shearer
Author: Mary Boyden Disposition Date: 06/17/2008
Date Submitted: 01/16/2008 Disposition Status: Accepted For Informational Purposes
Implementation Date: Implementation Date:

Implementation Date Requested: On Approval
State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: Resubmission Previous Filing Number: unknown
Group Market Size: Overall Rate Impact:
Group Market Type: Filing Status Changed: 06/17/2008
State Status Changed: 06/17/2008
Deemer Date: Corresponding Filing Tracking Number:
Filing Description:

We have enclosed an informational revision for the Knights of Columbus' previously approved Tax Qualified Comprehensive and Facility Care Long-Term Care products (LTC01-AR 6-99 and NHC01-AR 6-99). The policy forms were approved by your department on December 23, 2003.

The previously approved Daily Maximum Benefit amount was \$50-\$250. We would like to revise it to \$50-\$999.

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Company and Contact

Filing Contact Information

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

Mary Boyden, Filing Consultant mboyden@lifeplansinc.com
51 Sawyer Road (781) 893-7600 [Phone]
Waltham, MA 02453 (781) 893-6905[FAX]

Filing Company Information

Knights of Columbus CoCode: 58033 State of Domicile: Connecticut
1 Columbus Plaza Group Code: Company Type:
New Haven, CT 06510 Group Name: State ID Number:
(203) 752-4326 ext. [Phone] FEIN Number: 06-0416470

Filing Fees

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

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Marie Bennett Informational Purposes		06/17/2008	06/17/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Marie Bennett	06/11/2008	06/11/2008	Mary Boyden	06/12/2008	06/12/2008

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Disposition

Disposition Date: 06/17/2008

Implementation Date:

Status: Accepted For Informational Purposes

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 (revised)	Authorization letter		Yes
Supporting Document	Authorization letter		Yes
Supporting Document	cover letter		Yes
Form	LTC contract		Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/11/2008
Submitted Date 06/11/2008
Respond By Date 07/15/2008

Dear Mary Boyden,

This will acknowledge receipt of the captioned filing.

Objection 1

- cover letter (Supporting Document)

Comment: PLEASE ATTACH DOCUMENTATION IN PDF FORMAT.

Please feel free to contact me if you have questions.

Sincerely,

Marie Bennett

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/12/2008
Submitted Date 06/12/2008

Dear Harris Shearer,

Comments:

Response 1

Comments: Attached please find a new authorization letter in pdf format per your objection.

Related Objection 1

Applies To:

- cover letter (Supporting Document)

Comment:

PLEASE ATTACH DOCUMENTATION IN PDF FORMAT.

Changed Items:

SERFF Tracking Number: LFPL-125435714

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Supporting Document Schedule Item Changes

Satisfied -Name: Authorization letter

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Mary Boyden

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Form Schedule

Lead Form Number: LTC01-AR 6-99

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LTC01-AR 6-99	Policy/Cont ract/Fraternal Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	LTC contract	Other	Other Explanation: informational filing	0	

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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 01/16/2008
Bypass Reason: NA this filing is informational
Comments:

Review Status:
Bypassed -Name: Application 01/16/2008
Bypass Reason: NA this filing is informational
Comments:

Review Status:
Bypassed -Name: Health - Actuarial Justification 01/16/2008
Bypass Reason: NA this filing is informational
Comments:

Review Status:
Bypassed -Name: Outline of Coverage 01/16/2008
Bypass Reason: NA this filing is informational
Comments:

Review Status:
Satisfied -Name: Authorization letter 06/12/2008
Comments:
Attachment:
authorization letter.pdf

Review Status:
Satisfied -Name: cover letter 01/16/2008
Comments:
Attachment:
Arkansas DOI Letter.pdf

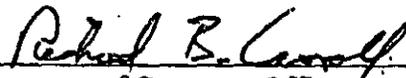


KNIGHTS OF COLUMBUS
PROTECTING FAMILIES FOR GENERATIONS

DATE: January 10, 2008
TO: State Insurance Department
RE: **Qualified Long-Term Care Insurance Filings**

I hereby authorize LifePlans, Inc. to communicate with the Insurance Department, review and submit rates, and receive information from the Department with respect to the Qualified Long-Term Care Insurance filings for Knights of Columbus.

Any questions concerning this authorization should be brought to my immediate attention.



Signature of Company Officer

Richard B. Carroll, Associate General Counsel
Name/Title

January 16, 2008

LTC Insurance Analyst
1200 West 3rd Street
Little Rock, AR 72201

**RE: Knights of Columbus
Qualified Long-Term Care Insurance Filing**
FEIN Number: 06-0416470
NAIC Number: 58033

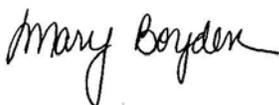
Dear LTC Insurance Analyst:

We have enclosed an informational revision for the Knights of Columbus' previously approved Tax Qualified Comprehensive and Facility Care Long-Term Care products (LTC01-AR 6-99 and NHC01-AR 6-99). The policy forms were approved by your department on December 23, 2003.

The previously approved Daily Maximum Benefit amount was \$50-\$250. We would like to revise it to \$50-\$999.

Thank you for your review. If you need anything further or wish to discuss this filing, please feel free to call toll-free (800) 525-7279, extension: 312; email, mboyden@lifeplansinc.com; or fax your request to (781) 893-6905. If everything is in order, we will appreciate receiving your approval.

Sincerely,



Mary Boyden
Filing Consultant

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Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Supporting Document	Authorization letter	01/16/2008	authorization letter.TIF

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Attachment "authorization letter.TIF" is not a PDF document and cannot be reproduced here.