

SERFF Tracking Number: UTAC-126171870 State: Arkansas  
Filing Company: Continental General Insurance Company State Tracking Number: 42548  
Company Tracking Number: LTC REPORTS CGI  
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other  
Product Name: LTC Reports  
Project Name/Number: LTC Reports/LTC Reports

## Filing at a Glance

Company: Continental General Insurance Company

Product Name: LTC Reports SERFF Tr Num: UTAC-126171870 State: ArkansasLH  
TOI: LTC06 Long Term Care - Other SERFF Status: Closed State Tr Num: 42548  
Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: LTC REPORTS CGI State Status: Closed  
Filing Type: Form Co Status: Reviewer(s): Harris Shearer  
Author: Denise Cox Disposition Date: 06/22/2009  
Date Submitted: 06/01/2009 Disposition Status: Filed-Closed  
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: LTC Reports Status of Filing in Domicile: Not Filed  
Project Number: LTC Reports Date Approved in Domicile:  
Requested Filing Mode: 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: 06/22/2009 Explanation for Other Group Market Type:  
State Status Changed: 06/22/2009  
Deemer Date: Corresponding Filing Tracking Number:  
Filing Description:  
LTC Lapse and Replacement and Claims Denial Reports

## Company and Contact

### Filing Contact Information

Denise Cox, Compliance Analyst dcox@gafri.com  
5508 Parkcrest Drive (800) 880-8824 [Phone]  
Austin, TX 78755-0580 (512) 451-0357[FAX]

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**Filing Company Information**

Continental General Insurance Company CoCode: 71404 State of Domicile: Nebraska  
11200 Lakeline Blvd., Suite 100 Group Code: 84 Company Type: Life & Health  
P. O. Box 26580  
Austin, TX 78755-0580 Group Name: State ID Number:  
(800) 880-8824 ext. [Phone] FEIN Number: 47-0463747  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental General Insurance Company	\$0.00	06/01/2009	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Harris Shearer	06/22/2009	06/22/2009

*SERFF Tracking Number:*      *UTAC-126171870*                      *State:*                      *Arkansas*  
*Filing Company:*              *Continental General Insurance Company*      *State Tracking Number:*      *42548*  
*Company Tracking Number:*      *LTC REPORTS CGI*  
*TOI:*                      *LTC06 Long Term Care - Other*                      *Sub-TOI:*                      *LTC06.000 Long Term Care - Other*  
*Product Name:*              *LTC Reports*  
*Project Name/Number:*      *LTC Reports/LTC Reports*

## **Disposition**

Disposition Date: 06/22/2009

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		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>	Cover Letter		Yes
<b>Supporting Document</b>	Lapse Replace Report		Yes
<b>Supporting Document</b>	Claims Denials Report		Yes

*SERFF Tracking Number:*      *UTAC-126171870*                      *State:*                      *Arkansas*  
*Filing Company:*              *Continental General Insurance Company*      *State Tracking Number:*      *42548*  
*Company Tracking Number:*      *LTC REPORTS CGI*  
*TOI:*                      *LTC06 Long Term Care - Other*                      *Sub-TOI:*                      *LTC06.000 Long Term Care - Other*  
*Product Name:*              *LTC Reports*  
*Project Name/Number:*      *LTC Reports/LTC Reports*

## **Rate Information**

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>UTAC-126171870</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Continental General Insurance Company</i>	<i>State Tracking Number:</i>	<i>42548</i>
<i>Company Tracking Number:</i>	<i>LTC REPORTS CGI</i>		
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<i>Product Name:</i>	<i>LTC Reports</i>		
<i>Project Name/Number:</i>	<i>LTC Reports/LTC Reports</i>		

## Supporting Document Schedules

<b>Bypassed -Name:</b>	Flesch Certification	<b>Review Status:</b>	06/01/2009
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			

<b>Bypassed -Name:</b>	Application	<b>Review Status:</b>	06/01/2009
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			

<b>Bypassed -Name:</b>	Health - Actuarial Justification	<b>Review Status:</b>	06/01/2009
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			

<b>Bypassed -Name:</b>	Outline of Coverage	<b>Review Status:</b>	06/01/2009
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			

<b>Satisfied -Name:</b>	Cover Letter	<b>Review Status:</b>	06/01/2009
<b>Comments:</b>			
<b>Attachment:</b>			
	CGI CVR LTR.pdf		

<b>Satisfied -Name:</b>	Lapse Replace Report	<b>Review Status:</b>	06/01/2009
<b>Comments:</b>			
<b>Attachment:</b>			
	2008 Lapse and Replacements_CGI.pdf		

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**Review Status:**

**Satisfied -Name:** Claims Denials Report

06/01/2009

**Comments:**

**Attachment:**

2008 Denials\_CGI.pdf



Supplemental Benefits Group

P.O. Box 26580  
Austin, TX 78755-0580  
Toll Free: (866) 459-4272

June 30, 2009

Arkansas Insurance Department  
Finance Division  
1200 West Third Street  
Little Rock, AR 72201-1904

Re: Continental General Insurance Company      NAIC#: 71404      FEIN#: 47-0463747  
LTC Replacement/Lapse and Claims Denial Report

To whom it may concern:

Pursuant to regulation, attached you will find the Long Term Care Replacement/Lapse and Claims Denial Reports for Continental General Insurance Company.

Please feel free to contact me if you have any questions regarding this matter.

Sincerely,

A handwritten signature in cursive script that reads "Denise Cox".

Denise Cox  
Regulatory Response Specialist – Compliance  
Great American Supplemental Benefits Group  
P.O. Box 26580  
Austin, Texas 78755-0580  
(512) 531-1532  
dcox@gafri.com

**Great American Supplemental Benefits Group of Companies include:**

Central Reserve Life Insurance Company  
Loyal American Life Insurance Company®

Continental General Insurance Company  
United Teacher Associates Insurance Company

Great American Life Insurance Company®  
Provident American Life & Health Insurance Company

## Appendix G

### Replacement and lapse reporting form for long-term care insurance policies

**APPENDIX G**  
**REPLACEMENT AND LAPSE REPORTING FORM FOR LONG-TERM CARE INSURANCE POLICIES**  
**For the State of AR For the Reporting Year of 2008**

Company Name: Continental General Insurance Company  
Company Address: PO Box 26580, Austin, TX 78755-0580  
Contact Person: Denise Cox

Due: June 30 annually  
Company NAIC Number: 71404  
Phone Number: (512)531-1532

#### 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's 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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**NONE**

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

Agent's Name	Number of Policies Sold By This Agent	Number of Policies Lapsed By This Agent	Number of Lapses As % Number Sold By This Agent
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**NONE**

#### Company Totals

Percentage of Replacement Policies Sold to Total Annual Sales

Percentage of Replacement Policies Sold to Policies In Force (as of the end of the preceding calendar year)

Percentage of Lapsed Policies to Total Annual Sales

Percentage of Lapsed Policies to Policies In Force (as of the end of the preceding calendar year)

## Claims denial reporting form for long-term care insurance policies

## APPENDIX H

## CLAIMS DENIAL REPORTING FORM FOR LONG-TERM CARE INSURANCE POLICIES

For the State of AR For the Reporting Year of 2008Company Name: Continental General Insurance Company Due: June 30 annuallyCompany Address: PO Box 26580  
Austin, TX 78755-0580Company NAIC Number: 71404Contact Person: Denise Cox Phone Number: (512) 531-1532Line of Business: Individual Group

## Instructions

The purpose of this form is to report all long-term care claim denials under in force long-term care insurance policies. "Denied" means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition.

	State Data	Nationwide Data{Footnote 1}
1 Total Number of Long-Term Care Claims Reported	9	7252
2 Total Number of Long-Term Care Claims Denied/Not Paid	0	430
3 Number of Claims Not Paid due to Preexisting Condition Exclusion	0	0
4 Number of Claims Not Paid due to Waiting (Elimination) Period Not Met	0	0
5 Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	0	430
6 Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)	0%	.059%
7 Number of Long-Term Care Claim Denied due to:		
8 Long-Term Care Services Not Covered under the Policy{Footnote 2}	0	544
9 Provider/Facility Not Qualified under the Policy{Footnote 3}	0	0
10 Benefit Eligibility Criteria Not Met{Footnote 4}	0	27
11 Other	0	0

1. The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.
2. Example -- home health care claim filed under a nursing home only policy.
3. Example -- a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.
4. Examples -- a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.