

SERFF Tracking Number: UTAC-126171915 State: Arkansas
Filing Company: Great American Life Insurance Company State Tracking Number: 42549
Company Tracking Number: LTC REPORTS GALIC
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: Great American Life Insurance Company

Product Name: LTC Reports SERFF Tr Num: UTAC-126171915 State: Arkansas
TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Filed State Tr Num: 42549
Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: LTC REPORTS GALIC State Status: Closed
Filing Type: Form Reviewer(s): Marie Bennett
Author: Denise Cox Disposition Date: 06/17/2009
Date Submitted: 06/01/2009 Disposition Status: Filed
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: 06/17/2009 Explanation for Other Group Market Type:
State Status Changed: 06/17/2009
Deemer Date: Created By: Denise Cox
Submitted By: Denise Cox Corresponding Filing Tracking Number:

Filing Description:

Long Term Care 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] 3143 [Ext]
P.O. Box 26580 512-451-0357 [FAX]
Austin, TX 78755-0580

Filing Company Information

Great American Life Insurance Company CoCode: 63312 State of Domicile: Ohio

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 11200 Lakeline Blvd., Suite 100 Group Code: 84 Company Type: Insurance
 P.O. Box 559002 Group Name: Company
 Austin, TX 78755-9002 FEIN Number: 13-1935920 State ID Number:
 (800) 880-8824 ext. [Phone]

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Life Insurance Company	\$0.00	06/01/2009	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	06/17/2009	06/17/2009

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Disposition

Disposition Date: 06/17/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Cover Letter		Yes
Supporting Document	Lapse Replacement Report		Yes
Supporting Document	Claims Denials Report		Yes

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification Bypass Reason: N/A Comments:		
Bypassed - Item: Application Bypass Reason: N/A Comments:		
Bypassed - Item: Health - Actuarial Justification Bypass Reason: N/A Comments:		
Bypassed - Item: Outline of Coverage Bypass Reason: N/A Comments:		
Satisfied - Item: Cover Letter Comments: Attachment: GALIC CVR LTR.pdf		

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Item Status: **Status**
Date:

Satisfied - Item: Lapse Replacement Report

Comments:

Attachment:

2008 Lapse and Replacements_GALIC.pdf

Item Status: **Status**
Date:

Satisfied - Item: Claims Denials Report

Comments:

Attachment:

2008 Denials_GALIC.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: Great American Life Insurance Company NAIC #: 63312 FEIN#: 13-1935920
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 Great American Life 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: Great American Life Insurance Company
Company Address: PO Box 559002, Austin, TX 78755-0580
Contact Person: Denise Cox

Due: June 30 annually
Company NAIC Number: 63312
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
Matlock Advisory Group Inc.	3	3	100%
Stephen D. Harden	2	2	100%
WPG Enterprises LLC	2	2	100%

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: 0%

Percentage of Replacement Policies Sold to Policies In Force (as of the end of the preceding calendar year): 5.6%

Percentage of Lapsed Policies to Total Annual Sales: 0%

Percentage of Lapsed Policies to Policies In Force (as of the end of the preceding calendar year): 2.6%

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: Great American Life Insurance Company Due: June 30 annuallyCompany Address: PO Box 559002
Austin, TX 78755-9002Company NAIC Number: 63312Contact 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	0	1821
2 Total Number of Long-Term Care Claims Denied/Not Paid	0	110
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	110
6 Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)	0%	.060%
7 Number of Long-Term Care Claim Denied due to:		
8 Long-Term Care Services Not Covered under the Policy{Footnote 2}	0	94
9 Provider/Facility Not Qualified under the Policy{Footnote 3}	0	0
10 Benefit Eligibility Criteria Not Met{Footnote 4}	0	7
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.