

SERFF Tracking Number: GILI-126200124 State: Arkansas  
Filing Company: Guaranty Income Life Insurance Company State Tracking Number: 42738  
Company Tracking Number:  
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other  
Product Name: Long-Term Care  
Project Name/Number: LTC Annual Reporting/

## Filing at a Glance

Company: Guaranty Income Life Insurance Company

Product Name: Long-Term Care SERFF Tr Num: GILI-126200124 State: Arkansas  
TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Filed State Tr Num: 42738  
Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: State Status: Closed  
Filing Type: Form Reviewer(s): Harris Shearer  
Author: Darlene Cooper Disposition Date: 08/05/2009  
Date Submitted: 06/23/2009 Disposition Status: Filed  
Implementation Date Requested: Implementation Date:

State Filing Description:

## General Information

Project Name: LTC Annual Reporting Status of Filing in Domicile: Authorized  
Project Number: Date Approved in Domicile:  
Requested Filing Mode: Other Domicile Status Comments:  
Explanation for Combination/Other: LTC Annual Reporting Market Type: Individual  
Submission Type: New Submission Group Market Size:  
Overall Rate Impact: Group Market Type:  
Filing Status Changed: 08/05/2009 Explanation for Other Group Market Type:  
State Status Changed: 08/05/2009  
Deemer Date: Created By: Darlene Cooper  
Submitted By: Darlene Cooper Corresponding Filing Tracking Number:  
Filing Description:  
Long-Term Care Annual Reports - Reporting Year 2008:

LTC Claims Denied  
LTC Replacements/Lapses  
LTC Suitability

## Company and Contact

### Filing Contact Information

Darlene Cooper, Administrative Assistant darlene@gilico.com  
929 Government St. 225-383-0355 [Phone] 289 [Ext]

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Baton Rouge, LA 70802 225-343-0047 [FAX]

**Filing Company Information**

Guaranty Income Life Insurance Company	CoCode: 64238	State of Domicile: Louisiana
929 Government Street	Group Code:	Company Type: Life & Annuity
Baton Rouge, LA 70802-6089	Group Name:	State ID Number:
(225) 383-0355 ext. [Phone]	FEIN Number: 72-0201480	

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**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Guaranty Income Life Insurance Company	\$0.00	06/23/2009	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Harris Shearer	08/05/2009	08/05/2009

*SERFF Tracking Number:* GILI-126200124      *State:* Arkansas  
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## **Disposition**

Disposition Date: 08/05/2009

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	LTC Claims Denied		Yes
Supporting Document	LTC Replacements/Lapses		Yes
Supporting Document	LTC Suitability		Yes

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Flesch Certification		
<b>Bypass Reason:</b> Not Applicable.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> Not Applicable.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Health - Actuarial Justification		
<b>Bypass Reason:</b> Not Applicable.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Outline of Coverage		
<b>Bypass Reason:</b> Not Applicable.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> LTC Claims Denied		
<b>Comments:</b>		
<b>Attachment:</b> AR2008ClaimsDenialReportingForm.pdf		

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**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** LTC Replacements/Lapses

**Comments:**

**Attachment:**

AR-2008LTCReplacement and Lapse Report.pdf

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** LTC Suitability

**Comments:**

**Attachment:**

AR2008SuitabilityReportingForm.pdf

**Claims Denial Reporting Form  
Long-Term Care Insurance**

**For the State of Arkansas  
For the Reporting Year of 2008**

Company Name: Guaranty Income Life Insurance Company Due: June 30 annually  
 Company Address: P.O. Box 2231  
Baton Rouge, LA 70821-2231  
 Company NAIC Number: 64238  
 Contact Person: Mary Frances Bertucci Phone Number: 225-383-0355

Line 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.

		<b>State Data</b>	<b>Nationwide Data<sup>1</sup></b>
1	Total Number of Long-Term Care Claims Reported	0	22
2	Total Number of Long-Term Care Claims Denied/Not Paid	0	4
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	4
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)	0	18.1%
7	Number of Long-Term Care Claim Denied due to:		
8	• Long-Term Care Services Not Covered under the Policy <sup>2</sup>	0	0
9	• Provider/Facility Not Qualified under the Policy <sup>3</sup>	0	0
10	• Benefit Eligibility Criteria Not Met <sup>4</sup>	0	4
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.

**Long-Term Care Insurance  
Replacement and Lapse Reporting Form**

For the State of Arkansas

For the Reporting Year of 2008

Company Name: Guaranty Income Life Insurance Company

Due: June 30 annually

Company Address: P.O. Box 2231, Baton Rouge, LA 70821-2231

Company NAIC Number: 64238

Contact Person: Mary Frances Bertucci

Number: (225) 383-0355

**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
N/A			

**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 % of Number Sold By This Agent
N/A			

**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) 0 %

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) 0 %

**Suitability Reporting Form  
Long-Term Care Insurance**

For the State of: ARKANSAS

For the Reporting Year of 2008  
Due: **June 30 annually**

Company Name: Guaranty Income Life Insurance Company  
Company Address: P.O. Box 2231  
Baton Rouge, LA 70821-2231  
Company NAIC Number: 64238  
Contact Person: Mary Frances Bertucci Phone Number: (225) 383-0355

**Instructions**

The purpose of this form is to report all long-term care activity related to total number of applications received from residents of this state, the number of those who declined to provide information on the personal worksheet, the number of applicants who did not meet the suitability standards, and the number of applicants who chose to confirm after receiving a suitability letter.

- |    |  |          |
|----|--|----------|
| 1. | Total Number of Applications Received from Residents of <u>ARKANSAS</u>            | <u>2</u> |
| 2. | Number of Applicants Who Declined to Provide Information on the Personal Worksheet | <u>0</u> |
| 3. | Number of Applicants Who Did Not Meet the Suitability Standards                    | <u>0</u> |
| 4. | Number of Applicants Who Chose to Confirm After Receiving a Suitability Letter     | <u>0</u> |