

SERFF Tracking Number: MNNP-126491957 State: Arkansas
Filing Company: ReliaStar Life Insurance Company State Tracking Number: 44988
Company Tracking Number: 2009RESCISSION
TOI: LTC05I Individual Long Term Care - Nursing Sub-TOI: LTC05I.003 Other
Home & Home Health Care
Product Name: LTC Rider - Rescission Reporting
Project Name/Number: /

Filing at a Glance

Company: ReliaStar Life Insurance Company

Product Name: LTC Rider - Rescission Reporting

TOI: LTC05I Individual Long Term Care - Nursing Home & Home Health Care

Sub-TOI: LTC05I.003 Other

Filing Type: Form

SERFF Tr Num: MNNP-126491957 State: Arkansas

SERFF Status: Closed-Filed

State Tr Num: 44988

Co Tr Num: 2009RESCISSION

State Status: Closed

Author: Molly Williams

Reviewer(s): Harris Shearer

Date Submitted: 02/23/2010

Disposition Date: 02/24/2010

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments: N/A

Explanation for Combination/Other:

Market Type: Individual

Submission Type:

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 02/24/2010

Explanation for Other Group Market Type:

State Status Changed: 02/24/2010

Deemer Date:

Created By: Molly Williams

Submitted By: Molly Williams

Corresponding Filing Tracking Number:

Filing Description:

LTC Rescission Report for 2009

Company and Contact

Filing Contact Information

Molly Williams, Compliance Analyst

molly.williams@us.ing.com

P.O. Box 20

612-342-7233 [Phone]

Route 7791

612-342-3695 [FAX]

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Minneapolis, MN 55440-0020

Filing Company Information

ReliaStar Life Insurance Company
 P.O. Box 20
 Minneapolis, MN 55440-0020
 (612) 372-5246 ext. [Phone]

CoCode: 67105
 Group Code: 229
 Group Name:
 FEIN Number: 41-0451140

State of Domicile: Minnesota
 Company Type:
 State ID Number:

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ReliaStar Life Insurance Company	\$0.00	02/23/2010	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Harris Shearer	02/24/2010	02/24/2010

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Disposition

Disposition Date: 02/24/2010

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	LTC Rescission Report		Yes

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification		
Bypass Reason:	Report filing only		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	Report filing only		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification		
Bypass Reason:	Report filing only		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage		
Bypass Reason:	Report filing only		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter		
Comments:	see attached		
Attachment:	AR Rescission Ltr 2009.pdf		

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Item Status:

**Status
Date:**

Satisfied - Item: LTC Rescission Report

Comments:

see attached

Attachment:

AR 2009 Rescission.pdf

ReliaStar Life Insurance Company

20 Washington Avenue South

Minneapolis, MN 55401

Tel.: 612.342-7233

Toll Free: 1-800-537-5024 X 342-7233

Fax: 612.342.3695

Email: molly.williams@us.ing.com

Molly Williams

Compliance Analyst

February 23, 2010

Arkansas Insurance Department

Compliance - Life and Health Division

1200 West Third Street

Little Rock, Arkansas 72201-1904

RE: Rescissions of Long-Term Care Insurance Policies or Certificates
ReliaStar Life Insurance Company
NAIC #67105

Attached is a copy of the completed Rescission report for 2009.

If you have any questions, I can be reached at the number listed above.

Very truly yours,



Molly Williams

/maw

**RESCISSION REPORTING FORM FOR
LONG-TERM CARE POLICIES
FOR THE STATE OF Arkansas
FOR THE REPORTING YEAR OF 2009**

Company Name: ReliaStar Life Insurance Company

Address: 20 Washington Avenue South

Minneapolis, MN 55401

Phone Number: (612) 372-1108

Due: March 1 annually

Instructions:

The purpose of this form is to report all rescissions of long-term care 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
No Rescission	n/a	n/a	n/a	n/a	n/a

Detailed reason for rescission: _____

Judith K. Hinton

Signature
V.P. Chief Compliance Officer

02/02/2010
Date