

SERFF Tracking Number: AULD-126524885 State: Arkansas
Filing Company: Golden Rule Insurance Company State Tracking Number: 45085
Company Tracking Number: LTC REPORT
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: LTC Report
Project Name/Number: /

Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: LTC Report

TOI: LTC06 Long Term Care - Other

Sub-TOI: LTC06.000 Long Term Care - Other

Filing Type: Form

SERFF Tr Num: AULD-126524885 State: Arkansas

SERFF Status: Closed-Filed

Co Tr Num: LTC REPORT

Authors: Angie Neville, Danita
Ragland-Hatton

Date Submitted: 03/02/2010

State Tr Num: 45085

State Status: Closed

Reviewer(s): Harris Shearer

Disposition Date: 04/01/2010

Disposition Status: Filed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/01/2010

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 04/01/2010

Created By: Angie Neville

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Danita Ragland-Hatton

Filing Description:

This report is for asset-based life and annuity products that allow for access to the cash value in order to pay LTC expenses.

Company and Contact

Filing Contact Information

Angie Neville, Filing Specialist

One American Square

Indianapolis, IN 46206

Angie.Neville@oneamerica.com

317-285-1927 [Phone]

317-285-7538 [FAX]

Filing Company Information

SERFF Tracking Number: AULD-126524885 State: Arkansas
Filing Company: Golden Rule Insurance Company State Tracking Number: 45085
Company Tracking Number: LTC REPORT
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: LTC Report
Project Name/Number: /

Golden Rule Insurance Company CoCode: 62286 State of Domicile: Indiana
One American Square Group Code: Company Type:
P. O. Box 406 Group Name: State ID Number:
Indianapolis, IN 46206 FEIN Number: 37-6028756
(877) 285-7660 ext. [Phone]

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$0.00	03/02/2010	

SERFF Tracking Number: AULD-126524885 State: Arkansas
Filing Company: Golden Rule Insurance Company State Tracking Number: 45085
Company Tracking Number: LTC REPORT
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: LTC Report
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Harris Shearer	04/01/2010	04/01/2010

SERFF Tracking Number: AULD-126524885 *State:* Arkansas
Filing Company: Golden Rule Insurance Company *State Tracking Number:* 45085
Company Tracking Number: LTC REPORT
TOI: LTC06 Long Term Care - Other *Sub-TOI:* LTC06.000 Long Term Care - Other
Product Name: LTC Report
Project Name/Number: /

Disposition

Disposition Date: 04/01/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AULD-126524885 State: Arkansas
 Filing Company: Golden Rule Insurance Company State Tracking Number: 45085
 Company Tracking Number: LTC REPORT
 TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
 Product Name: LTC Report
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	LTC Rescission Report		Yes

SERFF Tracking Number: AULD-126524885 State: Arkansas
 Filing Company: Golden Rule Insurance Company State Tracking Number: 45085
 Company Tracking Number: LTC REPORT
 TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
 Product Name: LTC Report
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: This is not applicable to this filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: This is not applicable to this filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification		
Bypass Reason: This is not applicable to this filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage		
Bypass Reason: This is not applicable to this filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: LTC Rescission Report		
Comments:		
Attachment: 03012010 Rescission Report Letter & form CY2009-GRI-AR.PDF		



March 1, 2010

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

RE: LTC Rescission Report for CY 2009
NAIC #62286

Dear Sirs:

As administrator for the Golden Rule Insurance Company, The State Life Insurance Company, a OneAmerica company, is submitting the attached LTC rescission report for reporting year 2009.

Nationwide, our company is reporting no rescissions.

If you have any questions, please contact me at 317-285-1077.

Sincerely,

A handwritten signature in cursive script that reads "Jeanne A. Leo".

Jeanne A. Leo, AIRC, HIA, ACS
Senior Market Conduct Analyst
Corporate Compliance & Market Conduct

/jal

Enclosure

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

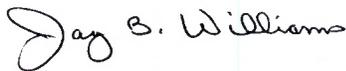
Company Name: Golden Rule Ins
Address: 250 W North St
Indianapolis, IN 46202
Phone Number: 317-285-1077

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
GRI-L-41	N/A	N/A	N/A	N/A	N/A

Detailed reason for rescission: N/A



Signature

Jay B. Williams

VP & Chief Compliance Officer for
The State Life Insurance Company
Name and Title (please type)

March 1, 2010

Date

The State Life Insurance Company as administrator for Golden Rule Insurance Company.