

SERFF Tracking Number: LFCR-126484749 State: Arkansas
Filing Company: Allstate Life Insurance Company State Tracking Number: 44808
Company Tracking Number: AR ALLSTATE 2010 RATES
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.003 Other
Product Name: Allstate 2010 Rates
Project Name/Number: /

Filing at a Glance

Company: Allstate Life Insurance Company

Product Name: Allstate 2010 Rates

TOI: LTC03G Group Long Term Care

Sub-TOI: LTC03G.003 Other

SERFF Tr Num: LFCR-126484749 State: Arkansas

SERFF Status: Closed-Approved State Tr Num: 44808

Co Tr Num: AR ALLSTATE 2010 State Status: Closed
RATES

Filing Type: Rate

Reviewer(s): Harris Shearer

Authors: Smith Darlene, Trudy
Weigel

Disposition Date: 04/01/2010

Date Submitted: 02/08/2010

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Pending

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Discretionary

Filing Status Changed: 04/01/2010

Explanation for Other Group Market Type:

State Status Changed: 04/01/2010

Deemer Date:

Created By: Trudy Weigel

Submitted By: Trudy Weigel

Corresponding Filing Tracking Number:

Filing Description:

Please see cover letter attached in Supporting Documentation.

Company and Contact

Filing Contact Information

Trudy Weigel, Compliance Analyst 2

trudy.weigel@lifecareassurance.com

P.O. Box 4243

818-867-2240 [Phone]

Woodland Hills, CA 91365-4243

818-867-2508 [FAX]

Filing Company Information

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(This filing was made by a third party - LCA01)

Allstate Life Insurance Company	CoCode: 60186	State of Domicile: Illinois
P.O. Box 4243	Group Code: 8	Company Type:
Woodland Hills, CA 91365-4243	Group Name: Allstate Ins Grp	State ID Number:
(818) 867-2450 ext. [Phone]	FEIN Number: 36-2554642	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Arkansas rate filing fee
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allstate Life Insurance Company	\$50.00	02/08/2010	34051952

<i>SERFF Tracking Number:</i>	<i>LFCR-126484749</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Allstate Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44808</i>
<i>Company Tracking Number:</i>	<i>AR ALLSTATE 2010 RATES</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.003 Other</i>
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Disposition

Disposition Date: 04/01/2010

Implementation Date:

Status: Approved

Comment: Thank you for your cooperation with the Department in this matter. A 10% rate increase is approved to be implemented after proper notification to the policyholders.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Allstate Life Insurance Company	20.000%	20.000%	\$322	1	\$1,611	20.000%	%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Health - Actuarial Justification		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Cover Letter		Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/18/2010
Submitted Date 03/18/2010

Respond By Date
Dear Trudy Weigel,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

The referenced filing has been reviewed and the Department will allow a 10% increase at this time. If you wish to accept this offer, please submit an updated actuarial memorandum and rates.

Should this file become deemed, the Commissioner can at any time after notice and for cause shown, withdraw approval. Refer to ACA 23-79-109(b)(4).

Please feel free to contact me if you have questions.

Sincerely,
Harris Shearer

Response Letter

Response Letter Status Submitted to State
Response Letter Date 03/22/2010
Submitted Date 03/22/2010

Dear Harris Shearer,

Comments:

Response 1

Comments: In response to your March 19, 2010 letter advising about Arkansas' proposal for a 10% rate increase instead of the 20% requested, the company accepts the proposal. This acceptance is made with the understanding that the company will continue to monitor the experience on these policies and may initiate further rate increases in the future.

Attached are the rates reflecting the 10% rate increase.

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Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

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Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Health - Actuarial Justification

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your assistance in this filing,

Sincerely,

Etienne Dupourqué, FSA, MAAA
Consulting Actuary
(818) 867 2271

Sincerely,

Smith Darlene, Trudy Weigel

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Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision:
Filing Method of Last Filing: unknown

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Allstate Life Insurance Company	20.000%	20.000%	\$322	1	\$1,611	20.000%	%

Allstate Life Insurance Company
Long Term Care Administrative Office
21600 Oxnard Street, Suite 1500
Post Office Box 4243
Woodland Hills, CA 91365-4243
Telephone: (888) 505-8744
Fax: (818) 887-4595



February 4, 2010

Mr. Harris Shearer
Rate and Form Analyst
Arkansas Department of Insurance
Life and Health Division

VIA SERFF

Re: Allstate Life Insurance Company
Company NAIC No: 60186-0008
Forms: Guaranteed Renewable Long Term Care Certificate
Forms LGU9731C, LGU9733C

Dear Mr. Shearer:

The referenced rate filing is submitted on behalf of Allstate Life Insurance Company for your review:

The following certificates cover nursing home, home health care and adult daycare. These forms were approved in Arkansas and were issued from 1990 through 1992:

Certificate LGU9731C
Certificate LGU9733C

The company is requesting the approval of a 20% rate increase on the base rates. The details of the rate increases are in the actuarial memorandum.

The following electronic items are included in this submission:

- This cover letter
- A letter from Allstate authorizing us to submit this filing on their behalf
- An actuarial memorandum and rate schedules

The contact person for this filing is:

Etienne Dupourqué, FSA, MAAA
Consulting Actuary
P.O. Box 4243
Woodland Hills, CA 91365-4243
(800) 366 5463 ext. 2271
Etienne.Dupourque@LifeCareAssurance.com

Thank you for your assistance in reviewing this filing,

Sincerely,

A handwritten signature in black ink, appearing to read "Etienne Dupourqué". The signature is written in a cursive style with a horizontal line above the letters.

Etienne Dupourqué, FSA, MAAA
Consulting Actuary