

SERFF Tracking Number: UTAC-126636531 State: Arkansas
Filing Company: Loyal American Life Insurance Company State Tracking Number: 45723
Company Tracking Number: LTC RPTS LOYAL 2009
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: LTC RPTS LOYAL 2009
Project Name/Number: LTC RPTS LOYAL 2009/LTC RPTS LOYAL 2009

Filing at a Glance

Company: Loyal American Life Insurance Company

Product Name: LTC RPTS LOYAL 2009 SERFF Tr Num: UTAC-126636531 State: Arkansas
TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Filed State Tr Num: 45723
Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: LTC RPTS LOYAL State Status: Closed
2009

Filing Type: Form

Reviewer(s): Marie Bennett, Harris Shearer

Author: Denise Cox

Disposition Date: 05/20/2010

Date Submitted: 05/19/2010

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: LTC RPTS LOYAL 2009
Project Number: LTC RPTS LOYAL 2009
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 05/20/2010

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: 05/20/2010
Created By: Denise Cox
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Denise Cox

Filing Description:

May 19, 2010

Arkansas Insurance Department

Finance Division

1200 West Third Street

Little Rock, AR 72201-1904

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Re: Loyal American Life Insurance Company
NAIC #: 65722 FEIN#: 63-0343428
LTC Replacement/Lapse and Claims Denial, Suitability & Rescission Reports

To whom it may concern:

Pursuant to regulation, attached you will find the Long Term Care Replacement/Lapse and Claims Denial, Suitability & Rescission Reports for Loyal American Life Insurance Company.

Please feel free to contact me if you have any questions regarding this matter.

Sincerely,

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

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

Loyal American Life Insurance Company CoCode: 65722 State of Domicile: Ohio
11200 Lakeline Blvd., Suite 100 Group Code: 84 Company Type: Insurance
Company
P.O. Box 559004 Group Name: State ID Number:
Austin, TX 78755-9004 FEIN Number: 63-0343428
(800) 633-6752 ext. [Phone]

SERFF Tracking Number: UTAC-126636531 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: Loyal is domiciled in Ohio and the retaliatory fee = \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Loyal American Life Insurance Company	\$50.00	05/19/2010	36667300

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	05/20/2010	05/20/2010

SERFF Tracking Number: *UTAC-126636531* *State:* *Arkansas*
Filing Company: *Loyal American Life Insurance Company* *State Tracking Number:* *45723*
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Product Name: *LTC RPTS LOYAL 2009*
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Disposition

Disposition Date: 05/20/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UTAC-126636531 State: Arkansas
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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 Reports Loyal 2009		Yes
Supporting Document	Cover Letter		Yes

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage		
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: LTC Reports Loyal 2009		
Comments:		
Attachments:		
2009 Denials_Loyal.pdf		
2009 Lapse and Replacements_Loyal.pdf		
2009_Rescission_Loyal.pdf		
2009_Suitability_Loyal_AR.pdf		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter		
Comments:		

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Attachment:

Loyal CVR LTR.pdf

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 2009Company Name: Loyal American Life Insurance Company Due: June 30 annuallyCompany Address: PO Box 559004
Austin, TX 78755-9004Company NAIC Number: 65722Contact 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	821
2 Total Number of Long-Term Care Claims Denied/Not Paid	0	68
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	68
6 Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)	0%	8.3%
7 Number of Long-Term Care Claim Denied due to:		
8 Long-Term Care Services Not Covered under the Policy{Footnote 2}	0	0
9 Provider/Facility Not Qualified under the Policy{Footnote 3}	0	0
10 Benefit Eligibility Criteria Not Met{Footnote 4}	0	0
11 Other	0	68

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.

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 AL For the Reporting Year of 2009

Company Name: Loyal American Life Insurance Company
Company Address: PO Box 559004, Austin, TX 78755-0580
Contact Person: Denise Cox

Due: June 30 annually
Company NAIC Number: 65722
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
--------------	---------------------------------------	---	--

NONE

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
--------------	---------------------------------------	---	---

NONE

Company Totals

Percentage of Replacement Policies Sold to Total Annual Sales: 80%
Percentage of Replacement Policies Sold to Policies In Force (as of the end of the preceding calendar year) : 6%
Percentage of Lapsed Policies to Total Annual Sales: .5%
Percentage of Lapsed Policies to Policies In Force (as of the end of the preceding calendar year): 0%

Attachment C Suitability Report - 2009

Company Name: Loyal American Life Insurance Company
State: Arkansas

- | | |
|---|----------|
| 1. Total Number of Applications Received | <u>0</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 Those Who Chose to Confirm After Receiving A Suitability Letter | <u>0</u> |



Supplemental Benefits Group

P.O. Box 26580
Austin, TX 78755-0580
Toll Free: (866) 459-4272

May 3, 2010

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

Re: Loyal American Life Insurance Company NAIC #: 65722 FEIN#: 63-0343428
LTC Replacement/Lapse and Claims Denial, Suitability & Rescission Reports

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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