

SERFF Tracking Number: AULD-126694549 State: Arkansas  
Filing Company: State Life Insurance Company State Tracking Number: 46073  
Company Tracking Number: 6/2010 LTC REPORT  
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other  
Product Name: 6/2010 LTC reports  
Project Name/Number: /

## Filing at a Glance

Company: State Life Insurance Company

Product Name: 6/2010 LTC reports

TOI: LTC06 Long Term Care - Other

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

Filing Type: Form

SERFF Tr Num: AULD-126694549 State: Arkansas

SERFF Status: Closed-Filed

Co Tr Num: 6/2010 LTC REPORT

State Tr Num: 46073

State Status: Closed

Reviewer(s): Marie Bennett, Harris

Shearer

Disposition Date: 06/28/2010

Disposition Status: Filed

Implementation Date:

Authors: Angie Neville, Danita

Ragland-Hatton

Implementation Date Requested: On Approval

State Filing Description:

Project Name:

Project Number:

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/28/2010

Status of Filing in Domicile: Pending

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: 06/28/2010

Created By: Angie Neville

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Danita Ragland-Hatton

Filing Description:

6/2010 LTC reporting

## 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-126694549 State: Arkansas  
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State Life Insurance Company CoCode: 69116 State of Domicile: Indiana  
 One American Square Group Code: 619 Company Type:  
 P.O. Box 406 Group Name: State ID Number:  
 Indianapolis, IN 46206 FEIN Number: 35-0684263  
 (877) 285-7660 ext. [Phone]

**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Life Insurance Company	\$0.00	06/28/2010	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	06/28/2010	06/28/2010

*SERFF Tracking Number:*     *AULD-126694549*                     *State:*                     *Arkansas*  
*Filing Company:*             *State Life Insurance Company*             *State Tracking Number:*     *46073*  
*Company Tracking Number:*   *6/2010 LTC REPORT*  
*TOI:*                     *LTC06 Long Term Care - Other*             *Sub-TOI:*                     *LTC06.000 Long Term Care - Other*  
*Product Name:*             *6/2010 LTC reports*  
*Project Name/Number:*        /

## **Disposition**

Disposition Date: 06/28/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.



SERFF Tracking Number: AULD-126694549

State: Arkansas

Filing Company: State Life Insurance Company

State Tracking Number: 46073

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TOI: LTC06 Long Term Care - Other

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## 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:** Outline of Coverage  
**Bypass Reason:** This is not applicable to this filing.  
**Comments:**

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

**Satisfied - Item:** Cover Letters  
**Comments:**  
**Attachments:**  
Arkansas - Claim Denial LETTER 2009 - SL.pdf  
AR LTC Repl & Lapse LETTER CY 2009 - SL.pdf

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

**Satisfied - Item:** Reports  
**Comments:**  
**Attachments:**  
Arkansas - Claim Denial Report 2009 - SL.pdf

*SERFF Tracking Number:*     *AULD-126694549*                             *State:*                             *Arkansas*  
*Filing Company:*             *State Life Insurance Company*                     *State Tracking Number:*     *46073*  
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*TOI:*                             *LTC06 Long Term Care - Other*                     *Sub-TOI:*                     *LTC06.000 Long Term Care - Other*  
*Product Name:*                *6/2010 LTC reports*  
*Project Name/Number:*        /

**AR LTC Repl & Lapse Report CY 2009 - SL.pdf**



June 24, 2010

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

RE: LTC Claims Denial Report for 2009  
**NAIC #69116**

Dear Sirs:

The State Life Insurance Company, a OneAmerica company, is submitting the attached LTC Claims Denial report for reporting year 2009.

Please be advised that the report is based on asset-based life or annuity policies that allow access to the policy value for the purpose of paying long-term care expenses. These products don't necessarily replace traditional LTC products. It would be appreciated if you would confirm whether or not this report is applicable to asset-based products.

The reports for State Life's traditional LTC product are submitted separately by Lifecare Assurance.

If you have any questions, please contact me toll-free at 877-285-7660, Ext. 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



June 24, 2010

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

RE: LTC Replacement and Lapse Report for 2009  
**NAIC #69116**

Dear Sirs:

The State Life Insurance Company, a OneAmerica company, is submitting the attached LTC Replacement and Lapse report for reporting year 2009.

Please be advised that the report is based on asset-based life or annuity policies that allow access to the policy value for the purpose of paying long-term care expenses. These products don't necessarily replace traditional LTC products. It would be appreciated if you would confirm whether or not this report is applicable to asset-based products.

The reports for State Life's traditional LTC product are submitted separately by Lifecare Assurance.

If you have any questions, please contact me at 317-285-7428.

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

**Appendix E**

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

**For the State of ARKANSAS  
For the Reporting Year of 2009**

**Company Name:** State Life Insurance Company  
**Company Address:** One American Square  
P.O. Box 368  
Indianapolis, IN 46206

**Company NAIC Number:** 69116

**Contact Person:** Denise Miller

**Phone Number:** (317) 285-4190

**Line of Business:**  Individual  Group

**Due:** June 30<sup>th</sup> Annually

The purpose of this form is to report all long-term care claim denials under inforce long-term care insurance policies. “Denied” means a claim, that is not paid for any reason other than for claims denied 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	<b>0</b>	<b>6</b>
2	Total number of Long-Term Care Claims Denied	<b>0</b>	<b>0</b>
3	Percentage of Long-Term Care Claims Denied of those Reported	<b>0%</b>	<b>0%</b>
4	Number of Long-Term Care Claim Denials due to:		
	• Long-Term Care Services Not Covered under the policy <sup>2</sup>	<b>0</b>	<b>0</b>
	• Provider/Facility Not Qualified under the policy <sup>3</sup>	<b>0</b>	<b>0</b>
	• Benefit Eligibility Criteria Not Met <sup>4</sup>	<b>0</b>	<b>0</b>
	• Other	<b>0</b>	<b>0</b>

<sup>1</sup> 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.

<sup>2</sup> Example – home health care claim filed under a nursing home only policy.

<sup>3</sup> Example – a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.

<sup>4</sup> 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** 2009  
**Company Name:** State Life Insurance Company **Due: June 30 annually**  
**Company Address:** OneAmerica Companies **Company NAIC No:** 69116  
One American Square, P. O. Box 368  
Indianapolis, IN 46206  
**Contact Person:** Jeanne Leo **Phone Number:** (317) 285-1077

**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
CROOK, WILLIAM H	1	1	100%
DAWSON, ALEXANDER B	1	1	100%

**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

**Company Totals**

Percentage of Replacement Policies Sold to Total Annual Sales 40%  
 Percentage of Replacement Policies Sold to Policies In Force (as of the end of the preceding calendar year) 17%  
 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%