

SERFF Tracking Number: GILI-126668003 State: Arkansas  
 Filing Company: Guaranty Income Life Insurance Company State Tracking Number: 45919  
 Company Tracking Number:  
 TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other  
 Product Name: Long-Term Care  
 Project Name/Number: LTC Annual Reporting/

## Filing at a Glance

Company: Guaranty Income Life Insurance Company

Product Name: Long-Term Care SERFF Tr Num: GILI-126668003 State: Arkansas  
 TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Accepted State Tr Num: 45919  
 For Informational Purposes  
 Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: State Status: Closed  
 Filing Type: Form Reviewer(s): Marie Bennett, Harris Shearer  
 Authors: Sherry Ducote, Darlene Cooper Disposition Date: 06/14/2010  
 Date Submitted: 06/10/2010 Disposition Status: Accepted For Informational Purposes  
 Implementation Date Requested: Implementation Date:  
 State Filing Description:

## General Information

Project Name: LTC Annual Reporting Status of Filing in Domicile: Authorized  
 Project Number: Date Approved in Domicile:  
 Requested Filing Mode: Other Domicile Status Comments:  
 Explanation for Combination/Other: LTC Annual Reporting Market Type: Individual  
 Submission Type: New Submission Group Market Size:  
 Overall Rate Impact: Group Market Type:  
 Filing Status Changed: 06/14/2010 Explanation for Other Group Market Type:  
 State Status Changed: 06/14/2010  
 Deemer Date: Created By: Darlene Cooper  
 Submitted By: Darlene Cooper Corresponding Filing Tracking Number:  
 Filing Description:  
 Long-Term Care Annual Reports - Reporting Year 2009

LTC Claims Denied  
 LTC Replacements/Lapses  
 LTC Rescissions  
 LTC Suitability

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## Company and Contact

### Filing Contact Information

Darlene Cooper, Administrative Assistant darlene@gilico.com  
 929 Government St. 225-383-0355 [Phone] 289 [Ext]  
 Baton Rouge, LA 70802 225-343-0047 [FAX]

### Filing Company Information

Guaranty Income Life Insurance Company CoCode: 64238 State of Domicile: Louisiana  
 929 Government Street Group Code: Company Type: Life & Annuity  
 Baton Rouge, LA 70802-6089 Group Name: State ID Number:  
 (225) 383-0355 ext. [Phone] FEIN Number: 72-0201480

## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Guaranty Income Life Insurance Company	\$0.00	06/10/2010	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Marie Bennett Informational Purposes		06/14/2010	06/14/2010

*SERFF Tracking Number:*      *GILI-126668003*                      *State:*                      *Arkansas*  
*Filing Company:*              *Guaranty Income Life Insurance Company*      *State Tracking Number:*      *45919*  
*Company Tracking Number:*  
*TOI:*                      *LTC06 Long Term Care - Other*                      *Sub-TOI:*                      *LTC06.000 Long Term Care - Other*  
*Product Name:*              *Long-Term Care*  
*Project Name/Number:*      *LTC Annual Reporting/*

## **Disposition**

Disposition Date: 06/14/2010

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Health - Actuarial Justification		Yes
<b>Supporting Document</b>	Outline of Coverage		Yes
<b>Supporting Document</b>	LTC Claims Denied		Yes
<b>Supporting Document</b>	LTC Replacements/Lapses		Yes
<b>Supporting Document</b>	LTC Rescissions		Yes
<b>Supporting Document</b>	LTC Suitability		Yes

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## Supporting Document Schedules

**Item Status:** **Status**  
**Date:**  
**Satisfied - Item:** LTC Claims Denied  
**Comments:**  
**Attachment:**  
AR2009ClaimsDenialReportingForm.pdf

**Item Status:** **Status**  
**Date:**  
**Satisfied - Item:** LTC Replacements/Lapses  
**Comments:**  
**Attachment:**  
AR Replacement&LapseReport.pdf

**Item Status:** **Status**  
**Date:**  
**Satisfied - Item:** LTC Rescissions  
**Comments:**  
**Attachment:**  
AR RescissionReport.pdf

**Item Status:** **Status**  
**Date:**  
**Satisfied - Item:** LTC Suitability  
**Comments:**  
**Attachment:**  
AR SuitabilityReport.pdf

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

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

Company Name: Guaranty Income Life Insurance Company Due: June 30 annually  
 Company Address: P.O. Box 2231  
Baton Rouge, LA 70821-2231  
 Company NAIC Number: 64238  
 Contact Person: Mary Frances Bertucci Phone Number: 225-383-0355

Line 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.

		<b>State Data</b>	<b>Nationwide Data<sup>1</sup></b>
1	Total Number of Long-Term Care Claims Reported	0	30
2	Total Number of Long-Term Care Claims Denied/Not Paid	0	3
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	3
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)	0	10%
7	Number of Long-Term Care Claim Denied due to:		
8	• Long-Term Care Services Not Covered under the Policy <sup>2</sup>	0	0
9	• Provider/Facility Not Qualified under the Policy <sup>3</sup>	0	0
10	• Benefit Eligibility Criteria Not Met <sup>4</sup>	0	3
11	• Other	0	0

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.

**Long-Term Care Insurance  
Replacement and Lapse Reporting Form**

For the State of Arkansas

For the Reporting Year of 2009

Company Name: Guaranty Income Life Insurance Company

Due: June 30 annually

Company Address: P.O. Box 2231, Baton Rouge, LA 70821-2231

Company NAIC Number: 64238

Contact Person: Mary Frances Bertucci

Number: (225) 383-0355

**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
NA			

**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
NA			

**Company Totals**

Percentage of Replacement Policies Sold to Total Annual Sales 0 %

Percentage of Replacement Policies Sold to Policies In Force (as of the end of the preceding calendar year) 0 %

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 %

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

Company Name: Guaranty Income Life Insurance Company NAIC # 64238  
 Address; P.O. Box 2231  
Baton Rouge, LA 70821-2231  
 Contact Person: Mary Frances Bertucci Email address: maryb@gilico.com  
 Phone Number: 225.383.0355

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

Detailed reason for rescission: \_\_\_\_\_

**There were no LTC rescissions in Arkansas in 2009.**

Signature

Mary F. Bertucci  
 Name and Title (please type)

May 28, 2010  
 Date

**Suitability Reporting Form  
Long-Term Care Insurance**

For the State of: ARKANSAS

For the Reporting Year of 2009  
Due: **June 30 annually**

Company Name: Guaranty Income Life Insurance Company  
Company Address: P.O. Box 2231  
Baton Rouge, LA 70821-2231  
Company NAIC Number: 64238  
Contact Person: Mary Frances Bertucci Phone Number: (225) 383-0355

**Instructions**

The purpose of this form is to report all long-term care activity related to total number of applications received from residents of this state, the number of those who declined to provide information on the personal worksheet, the number of applicants who did not meet the suitability standards, and the number of applicants who chose to confirm after receiving a suitability letter.

- |    |  |          |
|----|--|----------|
| 1. | Total Number of Applications Received from Residents of <u>ARKANSAS</u>            | <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 Applicants Who Chose to Confirm After Receiving a Suitability Letter     | <u>0</u> |