

SERFF Tracking Number: AOIC-126737006 State: Arkansas  
Filing Company: Auto-Owners Life Insurance Company State Tracking Number: 46337  
Company Tracking Number: ARLTC072010  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: Long Term Care  
Project Name/Number: Endorsement/

## Filing at a Glance

Company: Auto-Owners Life Insurance Company

Product Name: Long Term Care SERFF Tr Num: AOIC-126737006 State: Arkansas  
TOI: LTC03I Individual Long Term Care SERFF Status: Closed-Approved State Tr Num: 46337  
Sub-TOI: LTC03I.001 Qualified Co Tr Num: ARLTC072010 State Status: Closed  
Filing Type: Form Reviewer(s): Marie Bennett, Harris Shearer  
Authors: Christie Janell, Katherine VanVleet, Amanda Rivera Disposition Date: 08/02/2010  
Date Submitted: 07/27/2010 Disposition Status: Approved  
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: Endorsement Status of Filing in Domicile: Authorized  
Project Number: Date Approved in Domicile: 07/19/2010  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Group Market Size:  
Overall Rate Impact: Group Market Type:  
Filing Status Changed: 08/02/2010 Explanation for Other Group Market Type:  
State Status Changed: 08/02/2010  
Deemer Date: Created By: Amanda Rivera  
Submitted By: Amanda Rivera Corresponding Filing Tracking Number:  
Filing Description:  
Auto-Owners Life Insurance Company of Lansing, Michigan submits form 61761 (6-10) for your approval. This form is an endorsement to form 60136 (10-05); previously submitted and approved by your state on July 10, 2006. Form 61761 (6-10) will add a Coverage Reduction Option on page 10. This amendment was made to satisfy state regulations. May we please have your approval.

## Company and Contact

### Filing Contact Information

Amanda Rivera, [riversa.amanda@aoins.com](mailto:riversa.amanda@aoins.com)

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544 Cherbourg Dr. 517-391-1054 [Phone]  
 Ste 200  
 Lansing, MI 48917-5009

**Filing Company Information**

Auto-Owners Life Insurance Company	CoCode: 61190	State of Domicile: Michigan
P.O. Box 30325	Group Code: 280	Company Type: LAH
Lansing, MI 48917	Group Name: Auto-Owners Ins Group	State ID Number:
(800) 346-0346 ext. [Phone]	FEIN Number: 38-1814333	

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? Yes  
 Fee Explanation: Submitting one form at \$50 per form.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Life Insurance Company	\$50.00	07/27/2010	38317933

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Marie Bennett	08/02/2010	08/02/2010

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## **Disposition**

Disposition Date: 08/02/2010

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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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
Form	Endorsement		Yes

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## Form Schedule

### Lead Form Number: 61761 (6-10)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	61761 (6-10)	Policy/Cont Endorsement ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			PDF 4.pdf

# Auto-Owners Life Insurance Company

Lansing, Michigan

## ENDORSEMENT

It is agreed:

A section titled **Coverage Reduction Option** will be inserted after the section titled **Conformity with State Statutes** on page 10:

"You have the right to reduce coverage and lower the premium on your policy by:

- reducing the maximum benefit amount; *or*
- reducing the daily, weekly or monthly benefit amount."

[  
Secretary ]

[  
President ]

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> AR Readability Certification.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application <b>Comments:</b> Form 50126 (9-05) was approved on July 10, 2006.		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Health - Actuarial Justification <b>Bypass Reason:</b> No change in rates for this endorsement. <b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Outline of Coverage <b>Bypass Reason:</b> We are only filing an endorsement to our policy pages which will not change our Outline of Coverage as approved by your state on July 10, 2006. <b>Comments:</b>		

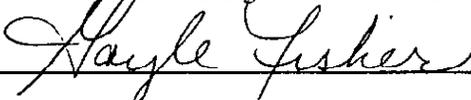
ARKANSAS  
READABILITY CERTIFICATION

INSURER: Auto-Owners Life Insurance Company

NAIC NO.: 280-61190

FORMS: ENDORSEMENT 61761 (6-10)

I hereby certify that the above form complies with the requirements of ACA 23-80-206 and when attached to the policy achieves a Flesch reading ease test score of: 56.62

BY: 

TITLE: Assistant Vice President, Life Operations

DATE: 7-26-10