

SERFF Tracking Number: IASL-127020944 State: Arkansas  
Filing Company: American Heritage Life Insurance Company State Tracking Number: 47912  
Company Tracking Number: AH AR LTC RESC RPT  
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other  
Product Name: Am Heritage Life LTC Rescission Report  
Project Name/Number: Am Heritage Life LTC Rescission Report/

## Filing at a Glance

Company: American Heritage Life Insurance Company

Product Name: Am Heritage Life LTC SERFF Tr Num: IASL-127020944 State: Arkansas

Rescission Report

TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Accepted State Tr Num: 47912

For Informational Purposes

Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: AH AR LTC RESC State Status: Filed-Closed  
RPT

Filing Type: Form

Reviewer(s): Harris Shearer,  
Stephanie Fowler

Author: Lauren Perley

Disposition Date: 02/18/2011

Date Submitted: 02/07/2011

Disposition Status: Accepted For  
Informational Purposes

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Am Heritage Life LTC Rescission Report

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Informational

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 02/18/2011

State Status Changed: 02/18/2011

Deemer Date:

Created By: Lauren Perley

Submitted By: Lauren Perley

Corresponding Filing Tracking Number:

Filing Description:

In accordance with your state's Long Term Care regulations, Insurance Administrative Solutions, L.L.C. is providing you with the 2010 Long Term Care Rescission Report for American Heritage Life Insurance Company due March 1, 2011.

## Company and Contact

### Filing Contact Information

Lauren Perley,

lauren.perley@iasadmin.com

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Insurance Administrative Solutions, L.L.C. 727-584-0007 [Phone] 2319 [Ext]  
 8545 126th Avenue North, Suite 200 727-584-5613 [FAX]  
 Largo, FL 33773

**Filing Company Information**

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

American Heritage Life Insurance Company	CoCode: 60534	State of Domicile: Florida
1776 American Heritage Life Drive	Group Code: 8	Company Type:
Jacksonville, FL 32224-6688	Group Name:	State ID Number:
(904) 992-1776 ext. [Phone]	FEIN Number: 59-0781901	

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**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Heritage Life Insurance Company	\$0.00	02/07/2011	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	02/18/2011	02/18/2011

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## **Disposition**

Disposition Date: 02/18/2011

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Letter of Authorization	Accepted for Informational Purposes	Yes
Supporting Document	American Heritage Life 2010 Long Term Care Rescission Report due March 1, 2010	Accepted for Informational Purposes	Yes

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Letter of Authorization	Accepted for Informational Purposes	02/18/2011

**Comments:**

**Attachment:**

2010 06 AHLIC Authorization Letter.pdf

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	American Heritage Life 2010 Long Term Care Rescission Report due March 1, 2010	Accepted for Informational Purposes	02/18/2011

**Comments:**

**Attachment:**

AR Rpt.pdf



**Allstate**®

**Richard D. Schaefer**  
F.S.A., M.A.A.A.  
Sr. Vice President and  
Chief Actuary

Actuarial Department

June 2, 2010

Ms. Darcey Shaffer, FLMI, ACS  
Compliance Manager  
Wakely and Associates, Inc.  
8545 126<sup>th</sup> Avenue North, Suite 200  
Largo, Florida 33773-1503

Re: Filing/Reporting Requirements

Dear Ms. Shaffer:

This letter authorizes Wakely and Associates, Inc. to file on behalf of American Heritage Life Insurance Company, policy forms, rate filings and reports with the State Departments of Insurance.

Wakely and Associates, Inc. may correspond with the State Departments of Insurance regarding any questions they may have concerning the filings.

A copy of this letter is as valid as the original. This authorization will be valid for twelve months from the date of this letter.

This authorization is provided, as requested, in conformance with Section 5.14 of the Asset Purchase Agreement between American Heritage Life Insurance Company and Mutual of Omaha, dated March 17, 2000.

Sincerely,

Richard D. Schaefer, F.S.A., M.A.A.A.  
Senior Vice President and  
Chief Actuary

/cn

**RESCISSION REPORTING FORM FOR  
LONG-TERM CARE POLICIES  
FOR THE REPORTING YEAR 2010  
STATE OF ARKANSAS AND COUNTRYWIDE**

Company Name: American Heritage Life Insurance Company

Address: c/o Insurance Administrative Solutions, L.L.C.

8545 126<sup>th</sup> Avenue North, Suite 200, Largo, Florida 33773-1502

Phone Number: (877) 777-2443 ext. 2319

NAIC Number: 60534

Due: March 1 annually

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
<b>NONE</b>	<b>NONE</b>	<b>NONE</b>	<b>NONE</b>	<b>NONE</b>	<b>NONE</b>

Detailed reason for rescission: **NONE TO REPORT**

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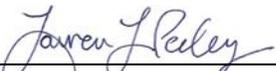
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Signature

Lauren Perley, Compliance Technician  
Name and Title

February 7, 2011  
Date