

<i>SERFF Tracking Number:</i>	<i>LFPL-127015989</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sterling Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47935</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>Sterling 2009 Annual Reporting</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Sterling Life Insurance Company

Product Name: Sterling 2009 Annual Reporting SERFF Tr Num: LFPL-127015989 State: Arkansas

TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Accepted State Tr Num: 47935

For Informational Purposes

Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: State Status: Filed-Closed

Filing Type: Form

Reviewer(s): Harris Shearer,  
Stephanie Fowler

Author: Mary Boyden

Disposition Date: 02/18/2011

Date Submitted: 02/09/2011

Disposition Status: Accepted For  
Informational Purposes

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name:

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: Mary Boyden

Submitted By: Mary Boyden

Corresponding Filing Tracking Number:

Filing Description:

Attached please find a packet containing state reports for the year 2009 for Sterling Life Insurance Company, in compliance with the state of Arkansas Regulations. The reporting includes Suitability, Rescission and Claim Denial reports. A letter of filing authorization is attached.

If you have any questions pertaining to this data, please contact me via email at [mboyden@lifeplansinc.com](mailto:mboyden@lifeplansinc.com), by phone at 800-525-7279 Ext. 312, or by fax at 781-893-6905.

## Company and Contact



SERFF Tracking Number: LFPL-127015989

State: Arkansas

Filing Company: Sterling Life Insurance Company

State Tracking Number: 47935

Company Tracking Number:

TOI: LTC06 Long Term Care - Other

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

Product Name: Sterling 2009 Annual Reporting

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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

SERFF Tracking Number: LFPL-127015989

State: Arkansas

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Product Name: Sterling 2009 Annual Reporting

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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.



SERFF Tracking Number: LFPL-127015989  
Filing Company: Sterling Life Insurance Company  
Company Tracking Number:  
TOI: LTC06 Long Term Care - Other  
Product Name: Sterling 2009 Annual Reporting  
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State: Arkansas  
State Tracking Number: 47935  
Sub-TOI: LTC06.000 Long Term Care - Other

## Supporting Document Schedules

		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Flesch Certification		
<b>Bypass Reason:</b>	NA LTC annual reports		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Application		
<b>Bypass Reason:</b>	NA LTC annual reports		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Health - Actuarial Justification		
<b>Bypass Reason:</b>	NA LTC annual reports		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Outline of Coverage		
<b>Bypass Reason:</b>	NA LTC annual reports		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Satisfied - Item:</b>	Authorization Letter	Accepted for Informational Purposes	02/18/2011
<b>Comments:</b>			
<b>Attachment:</b>	Authorization letter 2011.pdf		

SERFF Tracking Number: LFPL-127015989 State: Arkansas  
Filing Company: Sterling Life Insurance Company State Tracking Number: 47935  
Company Tracking Number:  
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other  
Product Name: Sterling 2009 Annual Reporting  
Project Name/Number: /

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Sterling LTC Annuual Reporting 2009	Accepted for Informational Purposes	02/18/2011

**Comments:**

**Attachment:**

AR Annual Reporting 2009.pdf

# STERLING

Life Insurance Company

Real People. Wise Choices.®

Ronald Bendes  
President, Insurance Products  
2219 Rimland Drive  
Bellingham, WA 98226  
WORK 360.392.9457 FAX 360.392.9051  
ron.bendes@sterlingplans.com

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DATE: February 3, 2011

TO: State Insurance Department

RE: Long Term Care Insurance

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I hereby authorize our filing consultants Mary Boyden and Bryan Kendall of LifePlans, Inc to communicate with Insurance Departments, review and submit forms, rates, reports and receive information from the Department with respect to the Long Term Care Insurance filings for Sterling Life Insurance Company.

Any questions concerning this authorization should be brought to my immediate attention.



\_\_\_\_\_  
Signature of the Officer

Ronald Bendes

\_\_\_\_\_  
Name of the Officer

President, Insurance Products

\_\_\_\_\_  
Title of the Officer

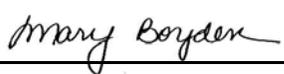
2/7/11

\_\_\_\_\_  
Date

**ANNUAL LONG-TERM CARE INSURANCE SUITABILITY REPORT  
FOR THE STATE OF ARKANSAS FOR THE REPORTING YEAR 2009**

Company Name: Sterling Life Insurance Company Due: June 30 annually  
 Company Address: 2219 Rimland Drive Bellingham, WA 98227  
 Company NAIC Number: 77399  
 Contact Person: Mary Boyden, Filing Consultant Phone Number: 800-525-7279, ext. 312

The number of applications received from residents of the state	The number of applicants who declined to provide information on the personal worksheet	The number of applicants that did not meet our suitability standards	The number of applicants that chose to confirm coverage after receiving a suitability letter
14	0	0	0

Signature: 

Name and Title: Mary Boyden  
Filing Consultant  
LifePlans, Inc.

Date: January 31, 2011

## Claims Denial Reporting Form Long-Term Care Insurance

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

Company Name: Sterling Life Insurance Company Due: June 30 annually  
 Company Address: 2219 Rimland Drive Bellingham, WA 98227  
 Company NAIC Number: 77399  
 Contact Person: Mary Boyden, Filing Consultant Phone Number: 800-525-7279, ext. 312

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.

		State Data	Nationwide Data <sup>1</sup>
1	Total Number of Long-Term Care Claims Reported	0	0
2	Total Number of Long-Term Care Claims Denied/Not Paid	0	0
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	0
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)		
7	Number of Long-Term Care Claim Denied due to:	0	0
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	0
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: Sterling Life Insurance Company

Due: June 30 annually

Company Address: 2219 Rimland Drive Bellingham, WA 98227

Company NAIC Number: 77399

Contact Person: Mary Boyden, Filing Consultant

Phone Number: 800-525-7279, ext. 312

### 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 % of Number Sold By This Agent
James Combs	1	1	100 %
William Haynie	1	1	100 %

### Company Totals

Percentage of Replacement Policies Sold to Total Annual Sales N/A %

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

Percentage of Lapsed Policies to Total Annual Sales N/A %

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