

SERFF Tracking Number: AULD-127064010 State: Arkansas
Filing Company: State Life Insurance Company State Tracking Number: 48164
Company Tracking Number: LTC RESCISSION REPORT
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: LTC Rescission Report
Project Name/Number: /

Filing at a Glance

Company: State Life Insurance Company

Product Name: LTC Rescission Report

TOI: LTC06 Long Term Care - Other

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

Filing Type: Form

SERFF Tr Num: AULD-127064010 State: Arkansas

SERFF Status: Closed-Accepted State Tr Num: 48164

For Informational Purposes

Co Tr Num: LTC RESCISSION
REPORT

State Status: Filed-Closed

Reviewer(s): Harris Shearer,
Stephanie Fowler

Authors: Angie Neville, Danita
Ragland-Hatton

Disposition Date: 03/09/2011

Date Submitted: 03/04/2011

Disposition Status: Accepted For
Informational Purposes

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Angie Neville

Filing Description:

Rescission Report

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 03/09/2011

State Status Changed: 03/09/2011

Created By: Angie Neville

Corresponding Filing Tracking Number:

Company and Contact

Filing Contact Information

Angie Neville, Filing Specialist

One American Square

Angie.Neville@oneamerica.com

317-285-1927 [Phone]

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	03/09/2011	03/09/2011

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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
Supporting Document	letter and report	Accepted for Informational Purposes	Yes

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: N/A Flesch Certification		
N/A Application		
N/A Health - Actuarial Justification		
N/A Outline of Coverage		

Comments:

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: N/A Flesch Certification		
N/A Application		
N/A Health - Actuarial Justification		
N/A Outline of Coverage		

Comments:

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification		
Bypass Reason: N/A Flesch Certification		
N/A Application		
N/A Health - Actuarial Justification		
N/A Outline of Coverage		

Comments:

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage		
Bypass Reason: N/A Flesch Certification		
N/A Application		
N/A Health - Actuarial Justification		

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N/A Outline of Coverage

Comments:

Satisfied - Item: letter and report

Item Status:

Status

Accepted for Informational
Purposes

Date:

03/09/2011

Comments:

Attachment:

03032011 Rescission Report Letter & Form CY2010-SL-AR.pdf



March 3, 2011

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

RE: LTC Rescission Report for 2010
NAIC #69116

Dear Sirs:

The State Life Insurance Company, a OneAmerica company, is submitting the attached LTC rescission report for calendar year 2010.

Nationwide, our company is reporting no rescissions.

The policies reviewed for this purpose are asset-based annuity or life policies and are not traditional long term care products. 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.

You have received a separate report submitted by Lifecare Assurance for State Life's traditional long term care products.

If you have any questions, please contact me at 877-285-7660, Ext. 1077 or via email at jeanne.leo@oneamerica.com.

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

*The State Life
Insurance Company
a ONEAMERICA® company
P.O. Box 406
Indianapolis, IN 46206-0406
(317) 285-2300*

**RESCISSION REPORTING FORM FOR
LONG-TERM CARE POLICIES
FOR THE STATE OF AR
FOR THE REPORTING YEAR 2010**

Company Name: The State Life Insurance Company
 Address: 250 W North St
Indianapolis, IN 46202
 Phone Number: 317-285-1077

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
GRI-L-41	N/A	N/A	N/A	N/A	N/A

Detailed reason for rescission: N/A

Jay B. Williams

Signature

Jay B. Williams

VP & Chief Compliance Officer
Name and Title (please type)

March 3, 2011

Date