

SERFF Tracking Number: BNLA-127051248 State: Arkansas  
Filing Company: Bankers Life and Casualty Company State Tracking Number: 48090  
Company Tracking Number: ANNUAL REPORT OF RESCISSIONS - 2010  
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other  
Product Name: Annual Report of Rescissions - 2010  
Project Name/Number: Annual Report of Rescissions - 2010/Annual Report of Rescissions - 2010

## Filing at a Glance

Company: Bankers Life and Casualty Company

Product Name: Annual Report of Rescissions - SERFF Tr Num: BNLA-127051248 State: Arkansas  
2010

TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Accepted State Tr Num: 48090  
For Informational Purposes

Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: ANNUAL REPORT OF State Status: Filed-Closed  
RESCISSIONS - 2010

Filing Type: Form

Reviewer(s): Harris Shearer,  
Stephanie Fowler

Author: Lucy Sutton

Disposition Date: 03/02/2011

Date Submitted: 02/24/2011

Disposition Status: Accepted For  
Informational Purposes

Implementation Date:

Implementation Date Requested:

State Filing Description:

## General Information

Project Name: Annual Report of Rescissions - 2010  
Project Number: Annual Report of Rescissions - 2010  
Requested Filing Mode: Informational  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 03/02/2011

State Status Changed: 03/02/2011

Created By: Lucy Sutton

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Lucy Sutton

Filing Description:

Enclosed are long-term care rescission reports which are state and country-wide. These reports are intended to comply with your state's long-term care reporting requirements and/or the reporting requirements under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as it applies to tax-qualified long-term care contracts. These reports cover the period January 1, 2010 through December 31, 2010.

If there is no report for your state, no rescission occurred in your state for this reporting period.

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## Company and Contact

### Filing Contact Information

Lucy Sutton, Information Coordinator I.sutton@banklife.com  
 600 West Chicago Ave 312-396-6122 [Phone]  
 Location: CH-4B042 312-396-5907 [FAX]  
 Chicago, IL 60654-2800

### Filing Company Information

Bankers Life and Casualty Company CoCode: 61263 State of Domicile: Illinois  
 600 West Chicago Ave Group Code: 233 Company Type:  
 Chicago, IL 60654-2800 Group Name: State ID Number:  
 (800) 621-3724 ext. [Phone] FEIN Number: 36-0770740

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## Filing Fees

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

| COMPANY                           | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-----------------------------------|--------|----------------|---------------|
| Bankers Life and Casualty Company | \$0.00 | 02/24/2011     |               |

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## Correspondence Summary

### Dispositions

| Status   | Created By | Created On | Date Submitted |
|--|------------|------------|----------------|
| Accepted For Rosalind Minor<br>Informational<br>Purposes |            | 03/02/2011 | 03/02/2011     |

*SERFF Tracking Number:*      *BNLA-127051248*                      *State:*                      *Arkansas*  
*Filing Company:*              *Bankers Life and Casualty Company*              *State Tracking Number:*      *48090*  
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*TOI:*                      *LTC06 Long Term Care - Other*                      *Sub-TOI:*                      *LTC06.000 Long Term Care - Other*  
*Product Name:*              *Annual Report of Rescissions - 2010*  
*Project Name/Number:*      *Annual Report of Rescissions - 2010/Annual Report of Rescissions - 2010*

## **Disposition**

Disposition Date: 03/02/2011

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             | Accepted for<br>Informational Purposes | Yes           |
| Supporting Document | Application                      | Accepted for<br>Informational Purposes | Yes           |
| Supporting Document | Health - Actuarial Justification | Accepted for<br>Informational Purposes | Yes           |
| Supporting Document | Outline of Coverage              | Accepted for<br>Informational Purposes | Yes           |
| Supporting Document | LTC Rescissions                  | Accepted for<br>Informational Purposes | Yes           |

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## Supporting Document Schedules

|                         |                      | <b>Item Status:</b>                 | <b>Status Date:</b> |
|-------------------------|----------------------|-------------------------------------|---------------------|
| <b>Bypassed - Item:</b> | Flesch Certification | Accepted for Informational Purposes | 03/02/2011          |
| <b>Bypass Reason:</b>   | Not applicable       |                                     |                     |
| <b>Comments:</b>        |                      |                                     |                     |

|                         |                | <b>Item Status:</b>                 | <b>Status Date:</b> |
|-------------------------|----------------|-------------------------------------|---------------------|
| <b>Bypassed - Item:</b> | Application    | Accepted for Informational Purposes | 03/02/2011          |
| <b>Bypass Reason:</b>   | Not applicable |                                     |                     |
| <b>Comments:</b>        |                |                                     |                     |

|                         |                                  | <b>Item Status:</b>                 | <b>Status Date:</b> |
|-------------------------|----------------------------------|-------------------------------------|---------------------|
| <b>Bypassed - Item:</b> | Health - Actuarial Justification | Accepted for Informational Purposes | 03/02/2011          |
| <b>Bypass Reason:</b>   | Not applicable                   |                                     |                     |
| <b>Comments:</b>        |                                  |                                     |                     |

|                         |                     | <b>Item Status:</b>                 | <b>Status Date:</b> |
|-------------------------|---------------------|-------------------------------------|---------------------|
| <b>Bypassed - Item:</b> | Outline of Coverage | Accepted for Informational Purposes | 03/02/2011          |
| <b>Bypass Reason:</b>   | Not applicable      |                                     |                     |
| <b>Comments:</b>        |                     |                                     |                     |

|                          |                 | <b>Item Status:</b>                 | <b>Status Date:</b> |
|--------------------------|-----------------|-------------------------------------|---------------------|
| <b>Satisfied - Item:</b> | LTC Rescissions | Accepted for Informational Purposes | 03/02/2011          |

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**Comments:**

**Attachment:**

2010 rescission reporting form-BLC.pdf

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

**BANKERS LIFE AND CASUALTY COMPANY  
600 West Chicago Ave  
CHICAGO, IL 60654-2800  
(312) 396-6000**

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.

| <b>CERTIFICATE/<br/>POLICY #</b> | <b>POLICY<br/>FORM</b> | <b>NAME OF INSURED</b> | <b>DATE POLICY<br/>ISSUED</b> | <b>DATE/S OF<br/>CLAIMS</b> | <b>DATE<br/>RESCINDED</b> | <b>REASON</b>           |
|----------------------------------|------------------------|------------------------|-------------------------------|-----------------------------|---------------------------|-------------------------|
| 208083224                        | GR-N500                | Williams, Marvell      | 11/19/2008                    | 09/28/09                    | 06/03/10                  | Omitted Medical History |
|                                  |                        |                        |                               |                             |                           |                         |
|                                  |                        |                        |                               |                             |                           |                         |
|                                  |                        |                        |                               |                             |                           |                         |
|                                  |                        |                        |                               |                             |                           |                         |



SIGNATURE

Dan Murphy - Compliance Manager

NAME AND TITLE

February 18, 2010

DATE

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

**BANKERS LIFE AND CASUALTY COMPANY  
600 West Chicago Ave  
CHICAGO, IL 60654-2800  
(312) 396-6000**

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.

| <b>CERTIFICATE/<br/>POLICY #</b> | <b>POLICY<br/>FORM</b> | <b>NAME OF INSURED</b> | <b>DATE POLICY<br/>ISSUED</b> | <b>DATE/S OF<br/>CLAIMS</b> | <b>DATE<br/>RESCINDED</b> | <b>REASON</b>           |
|----------------------------------|------------------------|------------------------|-------------------------------|-----------------------------|---------------------------|-------------------------|
| 207087961                        | GR-N410                | Hollis, Walter         | 12/19/07                      | 11/07/09                    | 01/06/10                  | Omitted Medical History |
|                                  |                        |                        |                               |                             |                           |                         |
|                                  |                        |                        |                               |                             |                           |                         |
|                                  |                        |                        |                               |                             |                           |                         |
|                                  |                        |                        |                               |                             |                           |                         |



\_\_\_\_\_  
SIGNATURE  
Dan Murphy - Compliance Manager  
\_\_\_\_\_  
NAME AND TITLE  
February 18, 2010  
\_\_\_\_\_  
DATE