

SERFF Tracking Number: GILI-127054238 State: Arkansas  
Filing Company: Guaranty Income Life Insurance Company State Tracking Number: 48108  
Company Tracking Number: RESCISSION  
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other  
Product Name: Long-Term Care  
Project Name/Number: LTC Rescission Reporting/

## Filing at a Glance

Company: Guaranty Income Life Insurance Company

Product Name: Long-Term Care

SERFF Tr Num: GILI-127054238

State: Arkansas

TOI: LTC06 Long Term Care - Other

SERFF Status: Closed-Accepted

State Tr Num: 48108

For Informational Purposes

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

Co Tr Num: RESCISSION

State Status: Filed-Closed

Filing Type: Form

Reviewer(s): Harris Shearer,  
Stephanie Fowler

Authors: Sherry Ducote, Darlene  
Cooper

Disposition Date: 03/02/2011

Date Submitted: 02/25/2011

Disposition Status: Accepted For  
Informational Purposes

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: LTC Rescission Reporting

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Other

Domicile Status Comments: State specific  
Arkansas filing.

Explanation for Combination/Other: LTC Annual Rescission Reporting

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 03/02/2011

Deemer Date:

State Status Changed: 03/02/2011

Submitted By: Darlene Cooper

Created By: Darlene Cooper

Filing Description:

Corresponding Filing Tracking Number:

Long-Term Care Rescission Reporting Form - Reporting Year of 2010

## Company and Contact

### Filing Contact Information

Darlene Cooper, Administrative Assistant

darlene@gilico.com

929 Government St.

225-383-0355 [Phone] 289 [Ext]

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Baton Rouge, LA 70802 225-343-0047 [FAX]

**Filing Company Information**

Guaranty Income Life Insurance Company CoCode: 64238 State of Domicile: Louisiana  
929 Government Street Group Code: Company Type: Life & Annuity  
Baton Rouge, LA 70802-6089 Group Name: State ID Number:  
(225) 383-0355 ext. [Phone] FEIN Number: 72-0201480

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**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Guaranty Income Life Insurance Company	\$0.00	02/25/2011	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Rosalind Minor Informational Purposes		03/02/2011	03/02/2011

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## 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 Informational Purposes	No
Supporting Document	Application	Accepted for Informational Purposes	No
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	No
Supporting Document	Outline of Coverage	Accepted for Informational Purposes	No
Supporting Document	Rescission Reporting Form	Accepted for Informational Purposes	No

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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>	Rescission Reporting Form	Accepted for Informational Purposes	03/02/2011

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**Comments:**

**Attachment:**

AR2010RescissionReportingForm.pdf

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

Company Name: Guaranty Income Life Insurance Company NAIC # 64238

Address: P.O. Box 2231  
Baton Rouge, LA 70821-2231

Contact Person: Mary Frances Bertucci Email address: maryb@gilico.com

Phone Number: 225-383-0355

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

Detailed reason for rescission: \_\_\_\_\_

**THERE WERE NO LTC RESCISSIONS IN CALENDAR YEAR 2010.**

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\_\_\_\_\_  
Signature

Mary Frances Bertucci, Vice President-POS Dept.  
Name and Title (please type)

February 25, 2011  
Date