

SERFF Tracking Number: LFPL-127049781 State: Arkansas  
Filing Company: Sterling Life Insurance Company State Tracking Number: 48066  
Company Tracking Number:  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: Sterling LTC Annual Rescission Reporting 2010  
Project Name/Number: /

## Filing at a Glance

Company: Sterling Life Insurance Company

Product Name: Sterling LTC Annual Rescission SERFF Tr Num: LFPL-127049781 State: Arkansas  
Reporting 2010

TOI: LTC03I Individual Long Term Care SERFF Status: Closed-Accepted State Tr Num: 48066  
For Informational Purposes

Sub-TOI: LTC03I.001 Qualified Co Tr Num: State Status: Filed-Closed  
Filing Type: Form Reviewer(s): Harris Shearer,  
Stephanie Fowler

Author: Mary Boyden Disposition Date: 03/02/2011  
Date Submitted: 02/23/2011 Disposition Status: Accepted For  
Informational Purposes  
Implementation Date:

Implementation Date Requested:

State Filing Description:

## General Information

Project Name: Status of Filing in Domicile:  
Project Number: Date Approved in Domicile:  
Requested Filing Mode: Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Individual Market Type:  
Overall Rate Impact: Filing Status Changed: 03/02/2011  
State Status Changed: 03/02/2011  
Deemer Date: Created By: Mary Boyden  
Submitted By: Mary Boyden Corresponding Filing Tracking Number:  
Filing Description:  
LTC State Reports for the Calendar Year 2010  
Sterling Life Insurance Company

Attached please find a state report for the year 2010 for Sterling Life Insurance Company, in compliance with the state of Arkansas Regulations. The reporting includes the Rescission report. 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.

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## Company and Contact

### Filing Contact Information

Mary Boyden, Filing Consultant mboyden@lifeplansinc.com  
51 Sawyer Road 781-893-7600 [Phone] 312 [Ext]  
Suite 340 781-893-6905 [FAX]  
Waltham, MA 02453

### Filing Company Information

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

Sterling Life Insurance Company CoCode: 77399 State of Domicile: Illinois  
1000 N. Milwaukee Ave. 6th Floor Group Code: 317 Company Type:  
Glenview, IL 60025 Group Name: State ID Number:  
(360) 392-9251 ext. [Phone] FEIN Number: 13-1867829

## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sterling Life Insurance Company	\$0.00	02/23/2011	

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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	Yes
Supporting Document	Application	Accepted for Informational Purposes	Yes
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	Yes
Supporting Document	Outline of Coverage	Accepted for Informational Purposes	Yes
Supporting Document	Authorization Letter	Accepted for Informational Purposes	Yes
Supporting Document	Sterling LTC Annual Rescission Reporting 2010	Accepted for 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>	NA LTC Rescission Reporting		
<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>	NA LTC Rescission Reporting		
<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>	NA LTC Rescission Reporting		
<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>	NA LTC Rescission Reporting		
<b>Comments:</b>			
		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Authorization Letter	Accepted for Informational Purposes	03/02/2011

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**Comments:**

**Attachment:**

Authorization letter 2011.pdf

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Sterling LTC Annual Rescission Reporting 2010	Accepted for Informational Purposes	03/02/2011

**Comments:**

**Attachment:**

AR Rescission Record 2010.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

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

Company Name: Sterling Life Insurance Company

Address: 2219 Rimland Drive

Bellingham, WA 98227

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

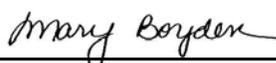
Due: March 1 annually

Instructions:

The purpose of this form is to report all rescissions of policies or certificates of long-term care insurance. 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
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Detailed reason for rescission: **No long-term care policies were rescinded in Arkansas in 2010.**

Signature: 

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

Date: March 1, 2011