

SERFF Tracking Number: UNUM-127046516 State: Arkansas  
Filing Company: Provident Life and Accident Insurance Company State Tracking Number: 48114  
Company Tracking Number: ANNUAL REPORT  
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other  
Product Name: Individual Long Term Care  
Project Name/Number: /

## Filing at a Glance

Company: Provident Life and Accident Insurance Company  
Product Name: Individual Long Term Care SERFF Tr Num: UNUM-127046516 State: Arkansas  
TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Accepted State Tr Num: 48114  
For Informational Purposes  
Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: ANNUAL REPORT State Status: Filed-Closed  
Filing Type: Form Reviewer(s): Harris Shearer, Stephanie Fowler  
Disposition Date: 03/02/2011  
Authors: Lynn Bower, Shawna Weitz  
Date Submitted: 02/26/2011 Disposition Status: Accepted For Informational Purposes  
Implementation Date: Implementation Date:  
Implementation Date Requested: On Approval  
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: 03/02/2011  
State Status Changed: 03/02/2011  
Deemer Date: Created By: Shawna Weitz  
Submitted By: Shawna Weitz Corresponding Filing Tracking Number:  
Filing Description:  
LTC 2010 Rescission Reporting for Provident Life and Accident Company

## Company and Contact

### Filing Contact Information

Shawna Weitz, Contract Analyst sweitz@unum.com  
2211 Congress Street, C4556 207-575-2631 [Phone]  
Portland, ME 04122

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**Filing Company Information**

Provident Life and Accident Insurance CoCode: 68195 State of Domicile: Tennessee  
 Company  
 1 Fountain Square Group Code: 565 Company Type:  
 Chattanooga, TN 37402 Group Name: State ID Number:  
 (800) 451-8475 ext. [Phone] FEIN Number: 62-0331200  
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**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Provident Life and Accident Insurance Company	\$0.00	02/26/2011	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	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		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Cover Letter and Rescission Report	Accepted for Informational Purposes	Yes

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Flesch Certification <b>Bypass Reason:</b> n/a <b>Comments:</b>		
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> n/a <b>Comments:</b>		
<b>Bypassed - Item:</b> Health - Actuarial Justification <b>Bypass Reason:</b> n/a <b>Comments:</b>		
<b>Bypassed - Item:</b> Outline of Coverage <b>Bypass Reason:</b> n/a <b>Comments:</b>		
<b>Satisfied - Item:</b> Cover Letter and Rescission Report <b>Comments:</b> <b>Attachments:</b> PLA AR.pdf PLA AR LETTER.pdf	Accepted for Informational Purposes	03/02/2011

**Rescission Reporting for Long Term Care Policies  
For the State of Arkansas  
For the Reporting Year of 2010**

Due: March 1<sup>st</sup> Annually

Company Name: Provident Life and Accident Insurance Company  
Company Address: One Fountain Square  
Chattanooga, Tennessee, 37402

Contact: Shawna Weitz, Contract Analyst  
Phone Number: (207) 575-2631  
Date: 2/17/2011

Instructions:

The purpose of this form is to report all rescissions of long term care 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 rescission:

No Rescissions for 2010

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February 24, 2011

Jay Bradford  
Commissioner of Insurance  
State of Arkansas  
Department of Insurance

Re: Provident Life and Accident Insurance Company – NAIC # 565-68195  
FEIN # 62-0331200  
Annual Report of Rescissions of LTC Policies

Dear Commissioner Bradford:

This letter will confirm that Provident Life and Accident Insurance Company did not have any rescissions of Long Term Care policies, riders, or certificates in your state for the calendar year of 2010.

Sincerely,

A handwritten signature in cursive script that reads "Shawna Weitz".

Shawna Weitz  
Contract Analyst  
Long Term Care Compliance