

SERFF Tracking Number: UTAC-127131314 State: Arkansas
Filing Company: Great American Life Insurance Company State Tracking Number: 48530
Company Tracking Number: LTC RPTS GALIC 2010
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: LTC RPTS GALIC 2010
Project Name/Number: LTC RPTS GALIC 2010/LTC RPTS GALIC 2010

Filing at a Glance

Company: Great American Life Insurance Company

Product Name: LTC RPTS GALIC 2010 SERFF Tr Num: UTAC-127131314 State: Arkansas
TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Accepted State Tr Num: 48530
For Informational Purposes

Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: LTC RPTS GALIC State Status: Filed-Closed
2010

Filing Type: Form

Reviewer(s): Harris Shearer,
Stephanie Fowler

Author: Denise Cox

Disposition Date: 04/25/2011

Date Submitted: 04/19/2011

Disposition Status: Accepted For
Informational Purposes

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: LTC RPTS GALIC 2010
Project Number: LTC RPTS GALIC 2010
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 04/25/2011

State Status Changed: 04/25/2011

Created By: Denise Cox

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Denise Cox

Filing Description:

April 7, 2011

Arkansas Insurance Department

Finance Division

1200 West Third Street

Little Rock, AR 72201-1904

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Re: Great American Life Insurance Company NAIC #: 63312 FEIN#: 13-1935920
LTC Replacement/Lapse and Claims Denial Report – CY 2010

To whom it may concern:

Pursuant to regulation, attached you will find the Long Term Care Replacement/Lapse and Claims Denial Reports for Great American Life Insurance Company.

Please feel free to contact me if you have any questions regarding this matter.

Sincerely,

Denise Cox
Sr. Compliance Analyst
Great American Supplemental Benefits Group
11200 Lakeline Blvd., Suite 100
Austin, Texas 78717
(512) 531-1532
dcox@gafri.com

Company and Contact

Filing Contact Information

Denise Cox, Compliance Analyst dcox@gafri.com
5508 Parkcrest Drive 800-880-8824 [Phone] 3143 [Ext]
P.O. Box 26580 512-451-0357 [FAX]
Austin, TX 78755-0580

Filing Company Information

Great American Life Insurance Company CoCode: 63312 State of Domicile: Ohio
11200 Lakeline Blvd., Suite 100 Group Code: 84 Company Type: Insurance
Company
P.O. Box 559002 Group Name: State ID Number:
Austin, TX 78755-9002 FEIN Number: 13-1935920
(800) 880-8824 ext. [Phone]

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: GALIC's domicile is Ohio and the retaliatory fee = \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Life Insurance Company	\$50.00	04/19/2011	46723568

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	04/25/2011	04/25/2011

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Disposition

Disposition Date: 04/25/2011

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	LTC RPTS GALIC 2010	Accepted for Informational Purposes	Yes
Supporting Document	Cover Letter	Accepted for Informational Purposes	Yes

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification Bypass Reason: N/A Comments:		
Bypassed - Item: Application Bypass Reason: N/A Comments:		
Bypassed - Item: Health - Actuarial Justification Bypass Reason: N/A Comments:		
Bypassed - Item: Outline of Coverage Bypass Reason: N/A Comments:		
Satisfied - Item: LTC RPTS GALIC 2010 Comments: Attachments: 2010 Denials_GALIC.pdf 2010 Lapse and Replacements_GALIC.pdf	Accepted for Informational Purposes	04/25/2011

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Project Name/Number: LTC RPTS GALIC 2010/LTC RPTS GALIC 2010
2010_Rescission_GALIC_AR.pdf
2010_Suitability_GALIC_AR.pdf

Item Status:	Status Date:
Accepted for Informational Purposes	04/25/2011

Satisfied - Item: Cover Letter

Comments:

Attachment:

GALIC CVR LTR 2010.pdf

Claims denial reporting form for long-term care insurance policies

APPENDIX H

CLAIMS DENIAL REPORTING FORM FOR LONG-TERM CARE INSURANCE POLICIES

For the State of AR For the Reporting Year of 2010Company Name: Great American Life Insurance Company Due: June 30 annuallyCompany Address: 11200 Lakeline Blvd., Suite 100
Austin, TX 78717Company NAIC Number: 63312Contact Person: Denise Cox Phone Number: (512) 531-1532Line of Business: Individual Group

Instructions

The purpose of this form is to report all long-term care claim denials under in force long-term care insurance policies. "Denied" means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition.

	State Data	Nationwide Data{Footnote 1}
1 Total Number of Long-Term Care Claims Reported	0	2401
2 Total Number of Long-Term Care Claims Denied/Not Paid	0	342
3 Number of Claims Not Paid due to Preexisting Condition Exclusion	0	0
4 Number of Claims Not Paid due to Waiting (Elimination) Period Not Met	0	0
5 Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	0	342
6 Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)	0%	14%
7 Number of Long-Term Care Claim Denied due to:		
8 Long-Term Care Services Not Covered under the Policy{Footnote 2}	0	0
9 Provider/Facility Not Qualified under the Policy{Footnote 3}	0	0
10 Benefit Eligibility Criteria Not Met{Footnote 4}	0	0
11 Other	0	342

1. The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.
2. Example -- home health care claim filed under a nursing home only policy.
3. Example -- a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.
4. Examples -- a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.

Appendix G

Replacement and lapse reporting form for long-term care insurance policies

APPENDIX G

REPLACEMENT AND LAPSE REPORTING FORM FOR LONG-TERM CARE INSURANCE POLICIES

For the State of AR For the Reporting Year of 2010

Company Name: Great American Life Insurance Company Due: June 30 annually
Company Address: 11200 Lakeline Blvd., Suite 100, Austin, TX 78717 Company NAIC Number: 63312
Contact Person: Denise Cox Phone Number: (512)531-1532

Instructions

The purpose of this form is to report on a statewide basis information regarding long-term care insurance policy replacements and lapses. Specifically, every insurer shall maintain records for each agent on that agent's amount of long-term care insurance replacement sales as a percent of the agent's total annual sales and the amount of lapses of long-term care insurance policies sold by the agent as a percent of the agent's total annual sales. The tables below should be used to report the ten percent (10%) of the insurer's agents with the greatest percentages of replacements and lapses.

Listing of the 10% of Agents with the Greatest Percentage of Replacements

Agent's Name	Number of Policies Sold By This Agent	Number of Policies Replaced By This Agent	Number of Replacements As % of Number Sold By This Agent
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NONE

Listing of the 10% of Agents with the Greatest Percentage of Lapses

Agent's Name	Number of Policies Sold By This Agent	Number of Policies Lapsed By This Agent	Number of Lapses As % Number Sold By This Agent
--------------	---------------------------------------	---	---

NONE

Company Totals

Percentage of Replacement Policies Sold to Total Annual Sales: 0%

Percentage of Replacement Policies Sold to Policies In Force (as of the end of the preceding calendar year): 0%

Percentage of Lapsed Policies to Total Annual Sales: 0%

Percentage of Lapsed Policies to Policies In Force (as of the end of the preceding calendar year): 6.1%

Attachment C Suitability Report - 2010

Company Name: Great American Life Insurance Company
State: Arkansas

- | | |
|--|-----------------|
| 1. Total Number of Applications Received | <u>0</u> |
| 2. Number of Applicants Who Declined to Provide Information on the Personal Worksheet | <u>0</u> |
| 3. Number of Applicants Who Did Not Meet the Suitability Standards | <u>0</u> |
| 4. Number of Those Who Chose to Confirm After Receiving A Suitability Letter | <u>0</u> |



Supplemental Benefits Group

P.O. Box 26580
Austin, TX 78755-0580
Toll Free: (866) 459-4272

April 7, 2011

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

Re: Great American Life Insurance Company NAIC #: 63312 FEIN#: 13-1935920
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Please feel free to contact me if you have any questions regarding this matter.

Sincerely,

A handwritten signature in cursive script that reads "Denise Cox".

Denise Cox
Sr. Compliance Analyst
Great American Supplemental Benefits Group
11200 Lakeline Blvd., Suite 100
Austin, Texas 78717
(512) 531-1532
dcox@gafri.com

Great American Supplemental Benefits Group of Companies include:

Central Reserve Life Insurance Company
Loyal American Life Insurance Company®

Continental General Insurance Company
United Teacher Associates Insurance Company

Great American Life Insurance Company®
Provident American Life & Health Insurance Company