

SERFF Tracking Number: AERS-127159870 State: Arkansas
Filing Company: RiverSource Life Insurance Company State Tracking Number: 48934
Company Tracking Number: LTC2011
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: LTC2011/LTC2011

Filing at a Glance

Company: RiverSource Life Insurance Company

Product Name: Long Term Care

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.003 Other

Filing Type: Rate

SERFF Tr Num: AERS-127159870 State: Arkansas

SERFF Status: Closed-Accepted State Tr Num: 48934

For Informational Purposes

Co Tr Num: LTC2011

State Status: Filed-Closed

Reviewer(s): Harris Shearer,
Stephanie Fowler

Authors: Debbie Berg, Linda Elston, Disposition Date: 06/06/2011

Bonnie Foley, Jeff Pederson, Susan

Schmidt, Cheryl Meyer

Date Submitted: 05/31/2011

Disposition Status: Accepted For
Informational Purposes

Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: LTC2011

Project Number: LTC2011

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 06/06/2011

State Status Changed: 06/06/2011

Created By: Cheryl Meyer

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Cheryl Meyer

Filing Description:

The purpose of this filing is to report on a statewide basis information regarding long-term care insurance policy replacements and lapses as required by the regulations of your state. 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. Two reports are included. One is for long-term care insurance products that are no longer marketed. The other is for an accelerated benefit rider for long-term care that is attached to life insurance products. In addition, we are including the claims denial reporting for an accelerated benefit rider for long-term care that is attached to life

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insurance products.

Company and Contact

Filing Contact Information

Cheryl Meyer, Sr. Contract Analyst Cheryl.D.Meyer@ampf.com
 9550 Ameriprise Financial Center 612-671-5583 [Phone]
 H25/9550 612-671-3866 [FAX]
 Minneapolis, MN 55474

Filing Company Information

RiverSource Life Insurance Company CoCode: 65005 State of Domicile: Minnesota
 9550 Ameriprise Financial Center, H22/9550 Group Code: 4 Company Type: Life
 Minneapolis, MN 55474 Group Name: State ID Number:
 (612) 671-2465 ext. [Phone] FEIN Number: 41-0823832

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
RiverSource Life Insurance Company	\$0.00	05/31/2011	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	06/06/2011	06/06/2011

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Disposition

Disposition Date: 06/06/2011

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
RiverSource Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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State: Arkansas
 State Tracking Number: 48934
 Sub-TOI: LTC03I.003 Other

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

%

Overall Percentage of Last Rate Revision:

0.000%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
RiverSource Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification Bypass Reason: na Comments:		
Satisfied - Item: LTC Reporting Comments: Attachments: ASR Policies Replacement and Lapse Reporting Form ARKANSAS.pdf LTC Policies Replacement and Lapse Reporting Form ARKANSAS.pdf ASR Claim Denial Reporting Form ARKANSAS.pdf	Accepted for Informational Purposes	06/06/2011

**Long-Term Care Insurance
Replacement and Lapse Reporting Form**

For the State of ARKANSAS

For the Reporting Year of 2010

Company Name: RiverSource Life Insurance Company

Due: June 30 annually

Company Address: 70100 Ameriprise Financial Center, Minneapolis, MN 55474

Company NAIC Number: 65005

Contact Person: Cheryl D. Meyer

Phone Number: (612)671-5583

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
NA	NA	NA	NA

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 % of Number Sold By This Agent
NA	NA	NA	NA

Company Totals

Percentage of Replacement Policies Sold to Total Annual Sales 0.0%

Percentage of Replacement Policies Sold to Policies In Force (as of the end of the preceding calendar year) 0.0%

Percentage of Lapsed Policies to Total Annual Sales 0.0%

Percentage of Lapsed Policies to Policies In Force (as of the end of the preceding calendar year) 0.0%

The product reported in this Replacement and Lapse Reporting Form is a long-term care rider attached to a life insurance policy. Benefits are paid as an acceleration of the death benefit.

RiverSource Life Insurance Company began sales of this product in 2009. There were no replacement sales and there were no lapses. Therefore, the Company believes that the portions of the Replacement and Lapse Reporting Form that apply to replacement sales, lapses and in force are not applicable.

**Long-Term Care Insurance
Replacement and Lapse Reporting Form**

For the State of ARKANSAS

For the Reporting Year of 2010

Company Name: RiverSource Life Insurance Company

Due: June 30 annually

Company Address: 70100 Ameriprise Financial Center, Minneapolis, MN 55474

Company NAIC Number: 65005

Contact Person: Cheryl D. Meyer

Phone Number: (612)671-5583

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
NA	NA	NA	NA

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 % of Number Sold By This Agent
NA	NA	NA	NA

Company Totals

Percentage of Replacement Policies Sold to Total Annual Sales NA%

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

Percentage of Lapsed Policies to Total Annual Sales NA%

Percentage of Lapsed Policies to Policies In Force (as of the end of the preceding calendar year) 1.65%

RiverSource Life Insurance Company discontinued sales of Long-Term Care Insurance policies on December 31, 2002. Therefore, the Company believes that the portions of the Replacement and Lapse Reporting Form that apply to sales are not applicable.

**Long-Term Care Insurance
Claims Denial Reporting Form**

For the State of ARKANSAS

For the Reporting Year of 2010

Company Name: RiverSource Life Insurance Company

Due: June 30 annually

Company Address: 70100 Ameriprise Financial Center, Minneapolis, MN 55474

Company NAIC Number: 65005

Contact Person: Cheryl D. Meyer

Phone Number (612)671-5583

Line of Business: Individual

INSTRUCTIONS:

The purpose of this form is to report all long-term care claim denials under in force long-term care insurance policies. Indicate the manner of reporting by checking one of the boxes below:

- Per Claimant — counts each individual who makes one or a series of claim requests.
- Per Transaction — counts each claim payment request.

“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. It does not include a request for payment that is in excess of the applicable contractual limits.

Inforce Data(Total Number of Inforce Policies as of December 31 st)	State Data	Nationwide Data
	11	1475

1. Total Number of Long-Term Care Claims Reported	State Data 0	Nationwide Data 0
2. Total Number of Long-Term Care Claims Denied/Not Paid	State Data 0	Nationwide Data 0
3. Number of Claims Not Paid due to Preexisting Condition Exclusion	State Data 0	Nationwide Data 0
4. Number of Claims Not Paid due to Waiting (Elimination) Period Not Met	State Data 0	Nationwide Data 0
5. Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	State Data 0	Nationwide Data 0

6. Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)	State Data 0	Nationwide Data 0
7. Number of Long-Term Care Claim Denied due to: Long-Term Care Services Not covered under the Policy	State Data 0	Nationwide Data 0
8. Number of Long-Term Care Claim Denied due to: Provider/Facility Not Qualified under the Policy	State Data 0	Nationwide Data 0
9. Number of Long-Term Care Claim Denied due to: Benefit Eligibility Criteria Not Met	State Data 0	Nationwide Data 0
10. Number of Long-Term Care Claim Denied due to: Other	State Data 0	Nationwide Data 0

The product reported in this Claims Denial Reporting Form is a long-term care rider attached to a life insurance policy. Benefits are paid as an acceleration of the death benefit. RiverSource Life Insurance Company began sales of this product in 2009.