

SERFF Tracking Number: AULD-127261948 State: Arkansas
Filing Company: Golden Rule Insurance Company State Tracking Number: 49107
Company Tracking Number: LTC 6/2011
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: LTC Report 6/2011
Project Name/Number: /

Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: LTC Report 6/2011

TOI: LTC06 Long Term Care - Other

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

Filing Type: Form

SERFF Tr Num: AULD-127261948 State: Arkansas

SERFF Status: Closed-Accepted State Tr Num: 49107

For Informational Purposes

Co Tr Num: LTC 6/2011

Authors: Angie Neville, Danita

Ragland-Hatton

Date Submitted: 06/22/2011

State Status: Filed-Closed

Reviewer(s): Harris Shearer,

Stephanie Fowler

Disposition Date: 07/13/2011

Disposition Status: Accepted For
Informational Purposes

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

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: 07/13/2011

State Status Changed: 07/13/2011

Created By: Angie Neville

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Angie Neville

Filing Description:

LTC Reporting 6/2011

Company and Contact

Filing Contact Information

Angie Neville, Filing Specialist

One American Square

Indianapolis, IN 46206

Angie.Neville@oneamerica.com

317-285-1927 [Phone]

317-285-7538 [FAX]

SERFF Tracking Number: *AULD-127261948* *State:* *Arkansas*
Filing Company: *Golden Rule Insurance Company* *State Tracking Number:* *49107*
Company Tracking Number: *LTC 6/2011*
TOI: *LTC06 Long Term Care - Other* *Sub-TOI:* *LTC06.000 Long Term Care - Other*
Product Name: *LTC Report 6/2011*
Project Name/Number: /

Filing Company Information

Golden Rule Insurance Company	CoCode: 62286	State of Domicile: Indiana
One American Square	Group Code:	Company Type:
P. O. Box 406	Group Name:	State ID Number:
Indianapolis, IN 46206	FEIN Number: 37-6028756	
(877) 285-7660 ext. [Phone]		

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$0.00	06/22/2011	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	07/13/2011	07/13/2011

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Disposition

Disposition Date: 07/13/2011

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AULD-127261948 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Cover letter, reports and authorizations	Accepted for Informational Purposes	No

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: N/A Flesch Certification		
N/A Application		
N/A Health - Actuarial Justification		
N/A Outline of Coverage		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: N/A Flesch Certification		
N/A Application		
N/A Health - Actuarial Justification		
N/A Outline of Coverage		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification		
Bypass Reason: N/A Flesch Certification		
N/A Application		
N/A Health - Actuarial Justification		
N/A Outline of Coverage		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage		
Bypass Reason: N/A Flesch Certification		
N/A Application		
N/A Health - Actuarial Justification		

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Company Tracking Number: LTC 6/2011
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: LTC Report 6/2011
Project Name/Number: /
N/A Outline of Coverage

Comments:

Item Status:	Status Date:
Accepted for Informational Purposes	07/13/2011

Satisfied - Item: Cover letter, reports and authorizations

Comments:

Attachments:

Arkansas Replacement & Lapse 2010 Letter & Report - GRI.pdf
GRI Authorization to File Replacement and Lapse Report.pdf
AR 2010 LTC Claim Denial LTR & Report.pdf
GRI Authorization to File Claim Denial Report.pdf



THE STATE LIFE
INSURANCE COMPANY
a ONEAMERICA® company

P.O. Box 406
Indianapolis, IN 46206-0406

Phone 1-800-275-5101

June 17, 2011

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

RE: LTC Replacement and Lapse Report for 2010
NAIC #62286

Dear Sirs:

As administrator for the Golden Rule Insurance Company, The State Life Insurance Company, a OneAmerica company, is submitting the attached LTC Replacement and Lapse report for reporting year 2010.

Please be advised that the report is based on asset-based life or annuity policies that allow access to the policy value for the purpose of paying long-term care expenses. These products don't necessarily replace traditional LTC products. It would be appreciated if you would confirm whether or not this report is applicable to asset-based products.

If you have any questions, please contact me toll-free at 877-285-7660, Ext. 1077, via email at jeanne.leo@oneamerica.com, or at the address on this letterhead.

Sincerely,

A handwritten signature in cursive script that reads "Jeanne A. Leo".

Jeanne A. Leo, AIRC, HIA, ACS
Senior Market Conduct Analyst
Corporate Compliance & Market Conduct

/jal

Enclosure

LONG-TERM CARE REPLACEMENT REPORT

REPORT COMPANY: GOLDEN RULE INSURANCE COMPANY, NAIC COMPANY CODE 62286

PERIOD COVERED: JANUARY 1, 2010 - DECEMBER 31, 2010

REGULATION: DIVISION 400-LIFE, ANNUITIES, AND HEALTH, CHAPTER 4, LONG-TERM CARE:

SECTION 10 REPORTING REQUIREMENTS A-F

A. AGENT ANNUAL REPLACEMENT SALES VS. TOTAL SALES AND AGENT SALES THAT

HAVE LAPSED VS. TOTAL SALES

B. TEN PERCENT (10%) OF AGENTS WITH GREATEST PERCENTAGES OF LAPSES AND REPLACEMENTS

BROKER	BROKER #	POLICIES ISSUED	REPLACEMENTS	PERCENT REPLACED	POLICIES ISSUED	TOTAL LAPSED	PERCENT LAPSED
HOUSE ACCOUNT BROKER	30997	0	0		0	1	
MARY ELIZABETH AUSTI	GR1003282	0	0		0	1	
CHARLOTTE HAMPTON JO	GR1212614	0	0		0	2	
ERIC CHARLES KORDSME	GR1235033	0	0		0	1	
WILLIAM RAYMOND WHEE	GR1289714	0	0		0	1	

ARKANSAS

THE ABOVE CHART INCLUDES ALL AGENTS THAT SUBMITTED ASSET-CARE BUSINESS WITH REPLACEMENT ACTIVITY.

C. REPORTED REPLACEMENT AND LAPSE RATES DO NOT CONSTITUTE A VIOLATION OF INSURANCE LAWS. THIS REPORT IS FOR THE PURPOSES OF REVIEWING MORE CLOSELY AGENT ACTIVITIES.

D.	TOTAL NUMBER OF LAPSED POLICIES IN 2010	6
E.	TOTAL NUMBER OF POLICIES ISSUED IN 2010	0
	TOTAL NUMBER OF REPLACEMENT POLICIES ISSUED IN 2010	0
	PERCENTAGE OF TOTAL ISSUED IN 2010	N/A (div by 0)
	TOTAL NUMBER OF IN FORCE POLICIES	118
	PERCENTAGE OF TOTAL IN FORCE POLICIES	0.0%
	(POLICIES IN FORCE AS OF DECEMBER 31, 2010)	

F. "POLICY" SHALL MEAN ONLY LONG-TERM CARE INSURANCE, AND "REPORT" MEANS ON A STATEWIDE BASIS.

LONG-TERM CARE REPLACEMENT REPORT
 REPORT COMPANY: GOLDEN RULE INSURANCE COMPANY, NAIC COMPANY CODE 62286
 PERIOD COVERED: JANUARY 1, 2010 - DECEMBER 31, 2010
 REGULATION: DIVISION 400-LIFE, ANNUITIES, AND HEALTH, CHAPTER 4, LONG-TERM CARE:
 SECTION 10 REPORTING REQUIREMENTS A-F

A. AGENT ANNUAL REPLACEMENT SALES VS. TOTAL SALES AND AGENT SALES THAT
 HAVE LAPSED VS. TOTAL SALES

B. TEN PERCENT (10%) OF AGENTS WITH GREATEST PERCENTAGES OF LAPSES AND REPLACEMENTS

BROKER	BROKER #	POLICIES ISSUED	REPLACEMENTS	PERCENT REPLACED	POLICIES ISSUED	TOTAL LAPSED	PERCENT LAPSED
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NATIONWIDE

THE ABOVE CHART INCLUDES ALL AGENTS THAT SUBMITTED ASSET-CARE BUSINESS WITH
 REPLACEMENT ACTIVITY.

C. REPORTED REPLACEMENT AND LAPSE RATES DO NOT CONSTITUTE A VIOLATION OF INSURANCE LAWS.
 THIS REPORT IS FOR THE PURPOSES OF REVIEWING MORE CLOSELY AGENT ACTIVITIES.

D.	TOTAL NUMBER OF LAPSED POLICIES IN 2010	660
E.	TOTAL NUMBER OF POLICIES ISSUED IN 2010	0
	TOTAL NUMBER OF REPLACEMENT POLICIES ISSUED IN 2010	0
	PERCENTAGE OF TOTAL ISSUED IN 2010	N/A (div by 0)
	TOTAL NUMBER OF IN FORCE POLICIES	16,184
	PERCENTAGE OF TOTAL IN FORCE POLICIES	0.0%
	(POLICIES IN FORCE AS OF DECEMBER 31, 2010)	

F. "POLICY" SHALL MEAN ONLY LONG-TERM CARE INSURANCE, AND
 "REPORT" MEANS ON A STATEWIDE BASIS.



THE STATE LIFE
INSURANCE COMPANY
a ONEAMERICA® company

P.O. Box 406
Indianapolis, IN 46206-0406

Phone 1-800-275-5101

June 17, 2011

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

RE: LTC Claims Denial Report for 2010
NAIC #62286

Dear Sir:

As administrator for the Golden Rule Insurance Company, The State Life Insurance Company, a OneAmerica company, is submitting the attached LTC Claims Denial report for reporting year 2010.

Please be advised that the report is based on asset-based life or annuity policies that allow access to the policy value for the purpose of paying long-term care expenses. These products don't necessarily replace traditional LTC products. It would be appreciated if you would confirm whether or not this report is applicable to asset-based products.

If you have any questions, please contact me toll-free at 877-285-7660, Ext. 1077, via email at jeanne.leo@oneamerica.com, or at the address on this letterhead.

Sincerely,

A handwritten signature in cursive script that reads "Jeanne A. Leo".

Jeanne A. Leo, AIRC, HIA, ACS
Senior Market Conduct Analyst
Corporate Compliance & Market Conduct

/jal

Enclosure

Appendix E

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

**For the State of Arkansas
For the Reporting Year of 2010**

Company Name: Golden Rule Insurance Company
Company Address: One American Square
P.O. Box 368
Indianapolis, IN 46206

Company NAIC Number: 62286

Contact Person: Denise Miller

Phone Number: 317-285-4190

Line of Business: Individual Group

Due: June 30th Annually

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

	State Data	Nationwide Data¹
Total number of Long-Term Care Claims Reported	1	354
Total number of Long-Term Care Claims Denied	0	46
Percentage of Long-Term Care Claims Denied of those Reported	0%	8%
Number of Long-Term Care Claim Denials due to:		
• Long-Term Care Services Not Covered under the policy ²	0	2
• Provider/Facility Not Qualified under the policy ³	0	14
• Benefit Eligibility Criteria Not Met ⁴	0	30
• Other	0	0

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.

**RE: CLAIM DENIAL REPORT
GOLDEN RULE INSURANCE COMPANY, NAIC: #62286**

This Authorization grants State Life Insurance Company the authority to submit the Claim Denial Report on behalf of Golden Rule Insurance Company.



Michael L. Corne
Vice President, Health Products

June 21, 2011

Date