

SERFF Tracking Number: JHAN-127211511 State: Arkansas  
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 49046  
Company Tracking Number: REPLACEMENT AND LAPSE REPORTING 2010  
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other  
Product Name: Replacement and Lapse Reporting 2010  
Project Name/Number: Replacement and Lapse Reporting 2010/Replacement and Lapse Reporting 2010

## Filing at a Glance

Company: John Hancock Life Insurance Company (U.S.A.)

Product Name: Replacement and Lapse Reporting 2010 SERFF Tr Num: JHAN-127211511 State: Arkansas

TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Accepted State Tr Num: 49046  
For Informational Purposes

Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: REPLACEMENT AND LAPSE REPORTING 2010 State Status: Filed-Closed

Filing Type: Form

Reviewer(s): Stephanie Fowler,  
Harris Shearer

Authors: Helene Landow, Karren Phair, Debbie Tom, Jacqueline Lau,  
Virginia Bove

Date Submitted: 06/13/2011

Disposition Status: Accepted For  
Informational Purposes

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: Replacement and Lapse Reporting 2010  
Project Number: Replacement and Lapse Reporting 2010  
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: 07/12/2011  
State Status Changed: 07/12/2011  
Created By: Debbie Tom  
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Debbie Tom

Filing Description:

Re: John Hancock Life Insurance Company (U.S.A.)

FEIN # 01-0233346 NAIC #904-65838

Replacement and Lapse Reporting ending December 31, 2010

Individual Long Term Care Rider(s) Attached to Life Insurance Policy (ies)

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As required in your jurisdiction, we are submitting the replacement and lapse reporting information for the period of January 1, 2010 through December 31, 2010.

Your attention to this submission is appreciated. If you have any questions or concerns, please contact me at 416-852-2035 (collect) or via e-mail at debbie\_tom@jhancock.com.

## Company and Contact

### Filing Contact Information

Debbie Tom, Contract Analyst Debbie\_Tom@jhancock.com  
 200 Bloor St E 416-852-2035 [Phone]  
 Toronto, ON M4W 1E5 416-926-3121 [FAX]

### Filing Company Information

John Hancock Life Insurance Company (U.S.A.) CoCode: 65838 State of Domicile: Michigan  
 197 Clarendon Street Group Code: 904 Company Type: Life Insurance  
 C-7-09 Group Name: State ID Number:  
 Boston, MA 02117 FEIN Number: 01-0233346  
 (800) 370-1355 ext. [Phone]

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company (U.S.A.)	\$50.00	06/13/2011	48640766

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	07/12/2011	07/12/2011

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## **Disposition**

Disposition Date: 07/12/2011

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		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	LTC - Replacements and Lapse Reports for 2010	Accepted for Informational Purposes	No

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Flesch Certification <b>Bypass Reason:</b> not applicable <b>Comments:</b>		
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> not applicable <b>Comments:</b>		
<b>Bypassed - Item:</b> Health - Actuarial Justification <b>Bypass Reason:</b> not applicable <b>Comments:</b>		
<b>Bypassed - Item:</b> Outline of Coverage <b>Bypass Reason:</b> not applicable <b>Comments:</b>		
<b>Satisfied - Item:</b> LTC - Replacements and Lapse Reports for 2010 <b>Comments:</b> LTC - Replacements and Lapse Reports for 2010 <b>Attachments:</b> Arkansas - JH USA REPLACEMENT AND LAPSE REPORTING FORM.pdf	Accepted for Informational Purposes	07/12/2011

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LTC - Lapses AR.pdf  
LTC - Replacements AR.pdf

**REPLACEMENT AND LAPSE REPORTING FORM FOR  
INDIVIDUAL LONG TERM CARE RIDER(S)  
ATTACHED TO LIFE INSURANCE POLICY(IES)  
FOR 2010**

**STATE : Arkansas**

<b>Number of riders inforce as of 12/31/09:</b>	<b>129</b>
<b>Number of rider issued in 2010:</b>	<b>22</b>
<b>Number of new issues that lapsed in 2010:</b>	<b>0</b>
<b>As a percent of riders issued:</b>	<b>0</b>
<b>Total number of riders that lapsed in 2010:</b>	<b>1</b>
<b>As a percent of riders inforce 12/31/09:</b>	<b>1.6%</b>
<b>Number of policies replaced in 2010</b>	<b>0</b>
<b>As a percent of riders issued:</b>	<b>0</b>
<b>As a percent of riders inforce 12/31/09:</b>	<b>0</b>

**Individual Long Term Care Rider(s) Attached to Life Insurance Policy(ies)  
List of 10% of Agents by the Highest % of Lapses  
Reporting Year 2010**

<u>State of</u>	<u>Agent Number</u>	<u>Agent's Name</u>	<u>Number of riders issued</u>	<u>Number of riders lapsed</u>	<u>Number of lapses as % number of issues</u>	<u>New issue premium</u>	<u>Lapsed Premium</u>	<u>Lapsed premium as % of issue premium</u>
Arkansas	50776	Kent J Rhoades	0	1	0%			

**Individual Long Term Care Rider(s) Attached to Life Insurance Policy(ies)  
 List of 10% of Agents by the Highest % of Replacements  
 Reporting Year 2010**

<u>State of</u>	<u>Agent Number</u>	<u>Agent's Name</u>	<u>Number of riders issued</u>	<u>Number of riders replaced</u>	<u>Number of replacements as % number of issues</u>	<u>New issue premium</u>	<u>Replaced Premium</u>	<u>Replaced premium as % of issue premium</u>
Arkansas	none	none						