

SERFF Tracking Number: SHPT-127286018 State: Arkansas  
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 49152  
Company Tracking Number:  
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other  
Product Name: SLIC | LTC Lapse/Replacement/Claims/Suitability Report  
Project Name/Number: /

## Filing at a Glance

Company: Stonebridge Life Insurance Company

Product Name: SLIC | LTC SERFF Tr Num: SHPT-127286018 State: Arkansas

Lapse/Replacement/Claims/Suitability Report

TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Accepted State Tr Num: 49152

For Informational Purposes

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

Filing Type: Form

Reviewer(s): Harris Shearer,  
Stephanie Fowler

Author: Kim Helsley

Disposition Date: 07/15/2011

Date Submitted: 06/28/2011

Disposition Status: Accepted For  
Informational Purposes

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/15/2011

State Status Changed: 07/15/2011

Deemer Date:

Created By: Kim Helsley

Submitted By: Kim Helsley

Corresponding Filing Tracking Number:

Filing Description:

SLIC | LTC Lapse/Replacement/Claims/Suitability Report

## Company and Contact

### Filing Contact Information

Kimberly Helsley, Paralegal

khelsley@shipltc.com

1289 West City Center Dr.

317-566-7564 [Phone]

STE. 200

317-566-7585 [FAX]

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 Carmel, IN 46032

**Filing Company Information**

Stonebridge Life Insurance Company	CoCode: 65021	State of Domicile: Indiana
1289 West City Center Dr.	Group Code:	Company Type: Long Term Care Insurance
Carmel, IN 46032	Group Name:	State ID Number:
(317) 566-7522 ext. [Phone]	FEIN Number: 03-0164230	

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**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Stonebridge Life Insurance Company	\$0.00	06/28/2011	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	07/15/2011	07/15/2011

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## Disposition

Disposition Date: 07/15/2011

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	Third Party Authorization Notification		No
Supporting Document	SLIC   LTC Lapse/Replacement/Claims/Suitability Report	Accepted for Informational Purposes	No

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Flesch Certification		
<b>Bypass Reason:</b> Not Applicable		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> Not Applicable		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Health - Actuarial Justification		
<b>Bypass Reason:</b> Not Applicable		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Outline of Coverage		
<b>Bypass Reason:</b> Not Applicable		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Third Party Authorization Notification		
<b>Comments:</b>		
<b>Attachment:</b> Stonebridge TPA Filer Authorization Letter.pdf		

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	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> SLIC   LTC Lapse/Replacement/Claims/Suitability Report	Accepted for Informational Purposes	07/15/2011

**Comments:**

**Attachments:**

AR Stonebridge Cover Letters\_Part9.pdf  
AR Replacement\_and\_Lapse\_Reporting.pdf  
AR Stonebridge 2010 NAICClaimsDenialReportingForm.pdf  
AR Suitability Reporting Form.pdf



Administrative Office | 520 Park Avenue | Baltimore | Maryland 21201-4500

February 19, 2010

Ms. Trudy Jackson  
LTC Operations Business Analyst  
Senior Health Insurance Company of Pennsylvania (SHIP)  
1289 West City Center Drive, Ste. 200  
Carmel, IN 46032

Re: Annual Long Term Care Reports NAIC # 65021

Dear Ms. Jackson:

Please accept this letter as authorization from Stonebridge Life Insurance Company for Senior Health Insurance Company of Pennsylvania (SHIP) to file any long term care reports with any state or jurisdiction as referenced on the attached state listing on behalf of Stonebridge Life Insurance Company.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael L. Wilson".

Michael L Wilson  
Vice President – Stonebridge Life Insurance Company

<b>States/Jurisdictions</b>
Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
District of Columbia
Florida
Georgia
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Puerto Rico
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming
Guam
US Virgin Islands

**STONEBRIDGE LIFE INSURANCE COMPANY**  
as Administered by Senior Health Insurance Company of Pennsylvania  
P.O. Box 64913 · St. Paul, MN 55164  
Telephone: 1-877-450-5824



June 27, 2011

State of Arkansas  
1200 West Third St.  
Little Rock, Arkansas 72201

**Re: Long Term Care Lapse/Replacement Report, Claims Denial and Suitability Report**  
**Data Reporting Year: 2010**

Dear Sir or Madam:

Responsive to the matter identified above, please accept this Letter and its enclosures as the Official Response of the below-identified Company:

**Lapse/Replacement, Claims Denial Reporting Form and Suitability to report:**

Stonebridge Life Insurance Company – NAIC # 65021

Should questions remain, please feel free to contact me.

Sincerely,

A handwritten signature in cursive script that reads 'Kimberly J. Helsley'.

Kimberly Helsley  
Paralegal  
Telephone: (317) 566-7564  
Fax: (317) 566-7585  
Email: [khelsley@shipltc.com](mailto:khelsley@shipltc.com)  
Enclosures

## Appendix G

### Replacement and Lapse Reporting Form

For the State of: ARKANSAS

Reporting Year: 2010

Company Name: STONEBRIDGE LIFE INSURANCE COMPANY

NAIC Number: 65021

Company Address: 1289 West City Center Dr. Carmel IN 46032

Contact Person: Kimberly Helsley Phone Number: 317-566-7564

#### Instructions

The purpose of this form is to report on 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
0	0	0	0

#### 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
0	0	0	0

#### 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) 0%

**Company Totals**

**STONEBRIDGE LIFE INSURANCE COMPANY is a closed block of business. There were no active sales in 2010. There were no replacements in 2010. There are no agents actively selling Long Term Care policies for STONEBRIDGE LIFE INSURANCE COMPANY. The data below represents the total number of Long Term Care policies in your state, the total number in-force, total number of lapsed policies in your state, and the % of lapsed policies to in-force policies.**

Long Term Care In-Force Count 3

Long Term Care Lapse Count 0

Percentage of Lapsed Policies to Policies In-Force (as of the end of the preceding calendar year) 0%

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

**For the State of: AR**

**For the Reporting Year of: 2010**

Company Name: Stonebridge

Company Address: 1289 W. City Center Dr., Suite 200, Carmel, IN 46032

Company NAIC Number: 65021

Contact Person: Kimberly Helsley Phone Number: (317) 566-7564

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.

<b>Inforce Data</b>		<b>State Data</b>	<b>Nationwide Data [1]</b>
Total Number of Inforce Policies [Certificates] as of December 31st		3	6343
<b>Claims &amp; Denial Data</b>		<b>State Data</b>	<b>Nationwide Data [1]</b>
1	Total Number of Long-Term Claims Reported	0	407
2	Total Number of Long-Term Claims Denied/Not Paid	0	54
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 4)	0	54
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)	0%	13.3%
7	Number of Long-Term Care Claims Denied due to:		
8	LTC Services Not Covered [2]	0	8
9	Provider Not Eligible [3]	0	22
10	Benefit Eligibility Not Met [4]	0	10
11	Other [5]	0	14

[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] Example -- a benefit trigger not met, certification by a licensed health care practitioner.

[5] Other: Includes Benefit Period Maxed, Lifetime Maximum Benefit Period met.

APPENDIX

Suitability Reporting Form  
Long-Term Care Insurance

For the State of: Arkansah

For the Reporting Year of 2010  
Due: June 30 annually

Company Name: Stonebridge Life Insurance Co.

Company Address: 1289 West City Center Dr., Carmel IN 46032

Company NAIC Number: 65021

Contact Person: Kimberly Helsley Phone Number: 317-566-7564

Instructions

The purpose of this form is to report all long-term care activity related to the total number of applications received from residents of this state, the number of those who declined to provide information on the personal worksheet, the number of applicants who did not meet the suitability standards, and the number of applicants who chose to confirm after receiving a suitability letter.

1. Total Number of Applications Received from Residents of \_\_\_\_ None
2. Number of Applicants Who Declined to Provide Information on the Personal Worksheet None
3. Number of Applicants Who did Not Meet the Suitability Standards None
4. Number of Applicants Who Chose to Confirm After Receiving a Suitability Letter None