

SERFF Tracking Number: UNUM-127299141 State: Arkansas
Filing Company: Colonial Life & Accident Insurance Company State Tracking Number: 49178
Company Tracking Number: 2011 LTC ANNUAL REPORTING
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: 2011 LTC Annual Reporting
Project Name/Number: 2011 LTC Annual Reporting/2011 LTC Annual Reporting

Filing at a Glance

Company: Colonial Life & Accident Insurance Company

Product Name: 2011 LTC Annual Reporting SERFF Tr Num: UNUM-127299141 State: Arkansas
TOI: LTC03I Individual Long Term Care SERFF Status: Closed-Accepted State Tr Num: 49178
For Informational Purposes

Sub-TOI: LTC03I.001 Qualified Co Tr Num: 2011 LTC ANNUAL State Status: Filed-Closed
REPORTING

Filing Type: Form

Reviewer(s): Harris Shearer,
Stephanie Fowler

Authors: Cathy Brooks, Angela
Parker, Tyra Marshall, Julie
Strickland

Disposition Date: 07/15/2011

Date Submitted: 06/29/2011

Disposition Status: Accepted For
Informational Purposes
Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: 2011 LTC Annual Reporting
Project Number: 2011 LTC Annual Reporting
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: 07/15/2011
State Status Changed: 07/15/2011
Created By: Cathy Brooks
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Angela Parker

Filing Description:

Annual reporting for individual long-term care rider. We currently market a long-term care rider which is attached to a universal life insurance policy.

Company and Contact

Filing Contact Information

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Julie Strickland, Senior Regulatory Consultant juliestrickland@unum.com
 1200 Colonial Life Boulevard 803-213-6737 [Phone]
 Columbia, SC 29210

Filing Company Information

Colonial Life & Accident Insurance Company	CoCode: 62049	State of Domicile: South Carolina
1200 Colonial Life Boulevard	Group Code: 565	Company Type:
Post Office Box 1365	Group Name:	State ID Number:
Columbia, SC 29202	FEIN Number: 57-0144607	
(803) 798-7000 ext. [Phone]		

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Colonial Life & Accident Insurance Company	\$0.00	06/29/2011	

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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

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	2011 LTC Lapses and Replacements Report	Angela Parker	07/01/2011	07/01/2011

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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 (revised)	2011 LTC Lapses and Replacements Report	Accepted for Informational Purposes	No
Supporting Document	2011 LTC Lapses and Replacements Report	Replaced	No
Supporting Document	2011 LTC Denied Claims Report	Accepted for Informational Purposes	No

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Amendment Letter

Submitted Date: 07/01/2011

Comments:

The third column on the third page of the report listed the number of policies sold by the agent instead of the number of lapses as a percentage of the number of policies sold by this agent.

We corrected the report. Thanks for your cooperation.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: 2011 LTC Lapses and Replacements Report

Comment:

Arkansas.pdf

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification Bypass Reason: N/A - 2011 LTC Annual Reporting Comments:		
Bypassed - Item: Application Bypass Reason: N/A - 2011 LTC Annual Reporting Comments:		
Bypassed - Item: Health - Actuarial Justification Bypass Reason: N/A - 2011 LTC Annual Reporting Comments:		
Bypassed - Item: Outline of Coverage Bypass Reason: N/A - 2011 LTC Annual Reporting Comments:		
Satisfied - Item: 2011 LTC Lapses and Replacements Report Comments: Attachment: Arkansas.pdf	Accepted for Informational Purposes	07/15/2011

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	Item Status:	Status Date:
Satisfied - Item: 2011 LTC Denied Claims Report	Accepted for Informational Purposes	07/15/2011

Comments:

Attachment:

Arkansas.pdf

Long-Term Care Insurance Replacement and Lapse Reporting Form

For the State of Arkansas

Company Name: Colonial Life & Accident Insurance Company
Company Address: 1200 Colonial Life Boulevard, Columbia, SC 29210
Contact Person: Julie Strickland

For the Reporting Year of 2010

Due: June 30, 2011 annually
Company NAIC Number: 62049
Phone Number: 800-845-7330, ext. 86737

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 the 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 attached.

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

Company Totals

Percentage of Replacement Policies Sold to Total Annual Sales 5%
Percentage of Replacement Policies Sold to Policies In Force (as of the end of the preceding calendar year) 8%
Percentage of Lapsed Policies Sold to Total Annual Sales 16%
Percentage of Lapsed Policies to Policies In Force (as of the end of the preceding calendar year) 27%

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
HAGAN, HEATH HODGES	2	2	100%
NIESEN, DIANE STEVENS	1	1	100%
LAWRENCE JR, MYRL V	2	1	50%
DOUGLAS, J KATHLEEN	5	1	20%

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
CARSON, MELANIE LANIER	1	1	100%
GEABHART, DONNA M	1	1	100%
BARNETT, CARLA ANN	6	5	83%
HART, MARGIE C	4	3	75%
DOUGLAS, J KATHLEEN	5	2	40%
WATT, PATRICIA T	5	1	20%

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

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

Due: June 30, 2011

Company Name: Colonial Life & Accident Insurance Company
Address: 1200 Colonial Life Boulevard, Columbia, SC 29210
Company NAIC Number : 62049
Contact Person : Julie Strickland Phone Number: 800-845-7330, ext. 86737

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.

**Claims Denial Reporting Form
Long-Term Care Insurance
(Continued)**

Inforce Data

	State Data	Nationwide Data (1)
Total Number of Inforce Policies as of December 31st	30	5,609

Claim & Denial Data

	State Data	Nationwide Data (1)
1. Total Number of Long-Term Care Claims Reported	0	0
2. Total Number of Long-Term Care Claims Denied/Not Paid	0	0
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	0	0
6. Percentage of Long-Term Care Claims Denied of Those Reported	0.00%	0.00%
7. Number of Long-Term Care Claims Denied due to :		
8. Long-Term Care Services Not Covered under the Policy (2)	0	0
9. Provider/Facility Not Qualified under the Policy (3)	0	0
10. Benefit Eligibility Criteria Not Met (4)	0	0
11. 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.

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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/29/2011	Supporting Document	2011 LTC Lapses and Replacements Report	07/01/2011	Arkansas.pdf (Superceded)