

SERFF Tracking Number: AOIC-128066995 State: Arkansas
Filing Company: Auto-Owners Life Insurance Company State Tracking Number:
Company Tracking Number:
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: AR-LTC-ANN-REP-2/12
Project Name/Number: /

Filing at a Glance

Company: Auto-Owners Life Insurance Company

Product Name: AR-LTC-ANN-REP-2/12 SERFF Tr Num: AOIC-128066995 State: Arkansas
TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Filed- State Tr Num:
Closed
Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: State Status: Filed-Closed
Filing Type: Form Reviewer(s): Donna Lambert
Authors: Kristin Davis, Tonia Skaar Disposition Date: 02/06/2012
Date Submitted: 02/06/2012 Disposition Status: Filed-Closed
Implementation Date Requested: On Approval Implementation Date: 02/06/2012
State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Informational Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 02/06/2012
State Status Changed: 02/06/2012
Deemer Date: Created By: Tonia Skaar
Submitted By: Tonia Skaar Corresponding Filing Tracking Number:

Filing Description:
Attached please find Auto-Owners Life Insurance Company's Annual Long-Term Care Reporting .

Company and Contact

Filing Contact Information

Cindy LeClear, Administrator leclear.cindy@aoins.com
P.O. Box 30660 517-703-2406 [Phone]
Lansing, MI 48909-8160 517-323-8796 [FAX]

Filing Company Information

Auto-Owners Life Insurance Company CoCode: 61190 State of Domicile: Michigan
P.O. Box 30325 Group Code: 280 Company Type: LAH

SERFF Tracking Number: AOIC-128066995 State: Arkansas
Filing Company: Auto-Owners Life Insurance Company State Tracking Number:
Company Tracking Number:
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: AR-LTC-ANN-REP-2/12
Project Name/Number: /
Lansing, MI 48917 Group Name: Auto-Owners Ins State ID Number:
Group
(800) 346-0346 ext. [Phone] FEIN Number: 38-1814333

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Life Insurance Company	\$0.00	02/06/2012	

SERFF Tracking Number: AOIC-128066995 State: Arkansas
Filing Company: Auto-Owners Life Insurance Company State Tracking Number:
Company Tracking Number:
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: AR-LTC-ANN-REP-2/12
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Donna Lambert	02/06/2012	02/06/2012

SERFF Tracking Number: AOIC-128066995 *State:* Arkansas
Filing Company: Auto-Owners Life Insurance Company *State Tracking Number:*
Company Tracking Number:
TOI: LTC06 Long Term Care - Other *Sub-TOI:* LTC06.000 Long Term Care - Other
Product Name: AR-LTC-ANN-REP-2/12
Project Name/Number: /

Disposition

Disposition Date: 02/06/2012

Implementation Date: 02/06/2012

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AOIC-128066995 State: Arkansas
 Filing Company: Auto-Owners Life Insurance Company State Tracking Number:
 Company Tracking Number:
 TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
 Product Name: AR-LTC-ANN-REP-2/12
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Filed	Yes
Supporting Document	Application	Filed	Yes
Supporting Document	Health - Actuarial Justification	Filed	Yes
Supporting Document	Outline of Coverage	Filed	Yes
Supporting Document	Recission Reporting Form	Filed	Yes
Supporting Document	Replacement and Lapse Reporting Form	Filed	Yes
Supporting Document	Suitability Reporting Form	Filed	Yes
Supporting Document	Claims Denial Reporting Form	Filed	Yes

SERFF Tracking Number: AOIC-128066995 State: Arkansas
 Filing Company: Auto-Owners Life Insurance Company State Tracking Number:
 Company Tracking Number:
 TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
 Product Name: AR-LTC-ANN-REP-2/12
 Project Name/Number: /

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Filed	02/06/2012
Bypass Reason:	Informational filing only		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application	Filed	02/06/2012
Bypass Reason:	Informational filing only		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Filed	02/06/2012
Bypass Reason:	Informational filing only, no rates included.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Filed	02/06/2012
Bypass Reason:	Informational filing only.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Rescission Reporting Form	Filed	02/06/2012
Comments:	Attached please find Auto-Owners Life Insurance Company's Rescission Reporting Form.		
Attachment:	Rescission 2011.pdf		

SERFF Tracking Number: AOIC-128066995 State: Arkansas
Filing Company: Auto-Owners Life Insurance Company State Tracking Number:
Company Tracking Number:
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: AR-LTC-ANN-REP-2/12
Project Name/Number: /

		Item Status:	Status Date:
Satisfied - Item:	Replacement and Lapse Reporting Form	Filed	02/06/2012

Comments:

Attached please find Auto-Owners Life Insurance Company's Replacement and Lapse reporting form.

Attachment:

Replacement and Lapse 2011.pdf

		Item Status:	Status Date:
Satisfied - Item:	Suitability Reporting Form	Filed	02/06/2012

Comments:

Attached please find Auto-Owners Life Insurance Company's Suitability reporting form.

Attachment:

Suitability 2011.pdf

		Item Status:	Status Date:
Satisfied - Item:	Claims Denial Reporting Form	Filed	02/06/2012

Comments:

Attached please find Auto-Owners Life Insurance Company's Claims Denial reporting form.

Attachment:

Arkansas Claims Denial Reporting Form 2011.pdf

RESCISSION REPORTING FORM FOR LONG-TERM CARE POLICIES FOR THE STATE OF ARKANSAS FOR THE REPORTING YEAR 2011

Company Name: AUTO-OWNERS LIFE INSURANCE COMPANY

Address: PO BOX 30325, LANSING, MI 48909

Phone Number: (517) 886-1920

Due: March 1 annually

Instructions:

The purpose of this form is to report all rescissions of long-term care insurance policies or certificates. Those rescissions voluntarily effectuated by an insured are not required to be included in this report. Please furnish one form per rescission.

POLICY FORM #	POLICY AND CERTIFICATE #	NAME OF INSURED	DATE OF POLICY ISSUANCE	DATE/S CLAIM/S SUBMITTED	DATE OF RESCISSION
---------------------	--------------------------------	--------------------	-------------------------------	--------------------------------	-----------------------

DETAILED REASON FOR RESCISSION:
NO INFORMATION TO REPORT

SIGNATURE: _____



NAME AND TITLE: KRISTIN DAVIS, COMPLIANCE SPECIALIST

REPLACEMENT AND LAPSE REPORTING FOR LONG-TERM CARE INSURANCE POLICIES

For the State of ARKANSAS For the Reporting Year of 2011

COMPANY NAME: AUTO-OWNERS LIFE INSURANCE COMPANY DUE: June 30, 2012
 COMPANY ADDRESS: PO BOX 30325, LANSING, MI 48909 COMPANY NAIC NUMBER: 0280-61190
 CONTACT PERSON: KARIN DEWLEY TELEPHONE NUMBER: (517) 886-1920

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 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
------------	---------------------------------------	---	--

Nothing to report

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

Agent Name	Number of Policies sold By This Agent	Number of Policies Lapsed by This Agent	Number of Lapsed as % of Number Sold By This Agent
------------	---------------------------------------	---	--

Nothing to report

COMPANY TOTALS

Percentage of Replacement Policies Sold to Total Annual Sales 0.00%
 Percentage of Replacement Policies Sold to Policies In Force (as of the end of the preceding calendar year) 0.00%

Percentage of Lapsed Policies to Total Annual Sales 0.00% Percentage of Lapsed Policies to Policies In Force (as of the end of the preceding calendar year) 0.00%

SUITABILITY STANDARDS REPORTING FOR LONG-TERM CARE INSURANCE POLICIES

For the State of ARKANSAS For the Reporting Year of 2011

COMPANY NAME: AUTO-OWNERS LIFE INSURANCE COMPANY

DUE: June 30, 2012

COMPANY ADDRESS: PO BOX 30325, LANSING, MI 48909

COMPANY NAIC NUMBER: 0280-61190

CONTACT PERSON: KARIN DEWLEY

TELEPHONE NUMBER: (517) 886-1920

Number of applications received:	0
Number declined information on personal worksheet:	0
Number of applicants who did not meet Suitability Standards:	0
Number of applicants not meeting Suitability; but, wanted coverage:	0

APPENDIX E

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

For the State of: Arkansas

For the Reporting Year of: 2011

Due: June 30 annually

Company Name: Auto-Owners Insurance Company
Company Address: 6101 Anacapri Blvd. Lansing, MI 48917
Company NACI Number: 189880280
Contact Person: Charity Sullivan **Phone Number:** (517) 703-5270

Line of Business: Individual Group

Instructions

The purpose of this form is to report all long-term care claim denials under in force long-term care insurance policies. "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.

		State Data	Nationwide Data¹
1	Total Number of Long-Term Care Claims Reported	0	8
2	Total Number of Long-Term Care Claims Denied/Not Paid	0	3
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 3 Minus Line 4)	0	3
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided by Line 1)	0	37.5%
7	Number of Long-Term Care Claim 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	3
11	• Other	0	0

1. The nationwide data may be viewed as a more representative and credible indicator where the date 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.