

SERFF Tracking Number: BNLA-128092245 State: Arkansas
Filing Company: Bankers Life and Casualty Company State Tracking Number:
Company Tracking Number: ANNUAL REPORT OF RESCISSIONS - 2011
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: Annual Report of Rescissions - 2011
Project Name/Number: Annual Report of Rescissions - 2011/Annual Report of Rescissions - 2011

Filing at a Glance

Company: Bankers Life and Casualty Company

Product Name: Annual Report of Rescissions - SERFF Tr Num: BNLA-128092245 State: Arkansas
2011

TOI: LTC06 Long Term Care - Other

SERFF Status: Closed-Accepted State Tr Num:
For Informational Purposes

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

Co Tr Num: ANNUAL REPORT OF RESCISSIONS - 2011 State Status: Filed-Closed

Filing Type: Form

Author: Lucy Sutton

Reviewer(s): Donna Lambert

Date Submitted: 02/14/2012

Disposition Date: 02/15/2012

Disposition Status: Accepted For
Informational Purposes

Implementation Date Requested:

Implementation Date: 02/15/2012

State Filing Description:

General Information

Project Name: Annual Report of Rescissions - 2011

Status of Filing in Domicile: Pending

Project Number: Annual Report of Rescissions - 2011

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: 02/15/2012

State Status Changed: 02/15/2012

Deemer Date:

Created By: Lucy Sutton

Submitted By: Lucy Sutton

Corresponding Filing Tracking Number:

Filing Description:

Enclosed are long-term care rescission reports which are state and country-wide. These reports are intended to comply with your state's long-term care reporting requirements and/or the reporting requirements under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as it applies to tax-qualified long-term care contracts. These reports cover the period January 1, 2011 through December 31, 2011.

If there is no report for your state, no rescission occurred in your state for this reporting period.

Company and Contact

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Filing Contact Information

Lucy Sutton, Information Coordinator l.sutton@banklife.com
 600 West Chicago Ave 312-396-6122 [Phone]
 Location: CH-4B042 312-396-5907 [FAX]
 Chicago, IL 60654-2800

Filing Company Information

Bankers Life and Casualty Company CoCode: 61263 State of Domicile: Illinois
 600 West Chicago Ave Group Code: 233 Company Type:
 Chicago, IL 60654-2800 Group Name: State ID Number:
 (800) 621-3724 ext. [Phone] FEIN Number: 36-0770740

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bankers Life and Casualty Company	\$0.00	02/14/2012	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Donna Lambert Informational Purposes		02/15/2012	02/15/2012

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Disposition

Disposition Date: 02/15/2012

Implementation Date: 02/15/2012

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	Accepted for Informational Purposes	Yes
Supporting Document	Application	Accepted for Informational Purposes	Yes
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	Yes
Supporting Document	Outline of Coverage	Accepted for Informational Purposes	Yes
Supporting Document	LTC Rescissions	Accepted for Informational Purposes	Yes

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Accepted for Informational Purposes	02/15/2012
Bypass Reason:	Not applicable		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application	Accepted for Informational Purposes	02/15/2012
Bypass Reason:	Not applicable		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Accepted for Informational Purposes	02/15/2012
Bypass Reason:	Not applicable		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Accepted for Informational Purposes	02/15/2012
Bypass Reason:	Not applicable		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	LTC Rescissions	Accepted for Informational Purposes	02/15/2012

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

**BANKERS LIFE AND CASUALTY COMPANY
111 E. Wacker Drive - Suite 2100
Chicago IL 60601-4508**

(312) 396-6000

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.

CERTIFICATE/ POLICY #	POLICY FORM	NAME OF INSURED	DATE POLICY ISSUED	DATE/S OF CLAIMS	DATE RESCINDED	REASON
211011216	GR-N350	McGinn, William	05/04/2011	N/A	09/01/2011	Omitted Medical History



SIGNATURE
Dan Murphy - Compliance Manager

NAME AND TITLE
February 14, 2012

DATE

**RESCISSION REPORTING FORM FOR LONG-TERM CARE POLICIES
FOR THE STATE OF NEW JERSEY
FOR THE REPORTING YEAR OF 2010**

**BANKERS LIFE AND CASUALTY COMPANY
111 E. Wacker Drive - Suite 2100
Chicago IL 60601-4508**

(312) 396-6000

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.

CERTIFICATE/ POLICY #	POLICY FORM	NAME OF INSURED	DATE POLICY ISSUED	DATE/S OF CLAIMS	DATE RESCINDED	REASON
211019790	GR-N500	Early, Mamie	8/22/2011		08/24/2011	Omitted Medical History



SIGNATURE

Dan Murphy - Compliance Manager

NAME AND TITLE

February 14, 2012

DATE

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

**BANKERS LIFE AND CASUALTY COMPANY
111 E. Wacker Drive - Suite 2100
Chicago IL 60601-4508**

(312) 396-6000

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.

CERTIFICATE/ POLICY #	POLICY FORM	NAME OF INSURED	DATE POLICY ISSUED	DATE/S OF CLAIMS	DATE RESCINDED	REASON
210066641	GR-N650	Hembry, Kathy	7/28/2010	6/28/2011	9/23/2011	Omitted Medical History



SIGNATURE

Dan Murphy - Compliance Manager

NAME AND TITLE

February 14, 2012

DATE