

SERFF Tracking Number: GRJR-128103923 State: Arkansas
Filing Company: The Cincinnati Life Insurance Company State Tracking Number:
Company Tracking Number: 2011LTCRESCSUIT
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: 2011 LTC Rescission & Suitability Report
Project Name/Number: 2011 LTC Rescission & Suitability Report/2011 LTC Rescission & Suitability Report

Filing at a Glance

Company: The Cincinnati Life Insurance Company

Product Name: 2011 LTC Rescission & Suitability Report SERFF Tr Num: GRJR-128103923 State: Arkansas

Suitability Report

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: 2011LTCRESCSUIT State Status: Filed-Closed

Filing Type: Form

Reviewer(s): Donna Lambert

Authors: Jennifer Henley, Deborah Naegele, Karen Eichler, Felicia

Disposition Date: 02/22/2012

McCalley

Date Submitted: 02/21/2012

Disposition Status: Accepted For
Informational Purposes

Implementation Date Requested: On Approval

Implementation Date: 02/22/2012

State Filing Description:

General Information

Project Name: 2011 LTC Rescission & Suitability Report

Status of Filing in Domicile: Pending

Project Number: 2011 LTC Rescission & Suitability Report

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: 02/22/2012

State Status Changed: 02/22/2012

Deemer Date:

Created By: Jennifer Henley

Submitted By: Jennifer Henley

Corresponding Filing Tracking Number:

Filing Description:

NAIC: #0244-76236

Subject:

The Cincinnati Life Insurance Company

Long Term Care Rescission & Suitability Reporting

Dear Sir or Madame:

SERFF Tracking Number: GRJR-128103923 State: Arkansas
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Please be advised that for the reporting year 2011, we have no Rescissions or Suitability to report.

Thank you for your usual courtesy and cooperation.

Company and Contact

Filing Contact Information

Jennifer Henley, Senior Analyst jenny_henley@cinfin.com
 P.O. Box 145496 513-870-2251 [Phone]
 Cincinnati, OH 45250-5496 513-870-2099 [FAX]

Filing Company Information

The Cincinnati Life Insurance Company CoCode: 76236 State of Domicile: Ohio
 6200 S. Gilmore Road Group Code: 244 Company Type:
 Fairfield, OH 45014 Group Name: State ID Number:
 (513) 870-2000 ext. 4386[Phone] FEIN Number: 31-1213778

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: 1 Filing x \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Life Insurance Company	\$50.00	02/21/2012	56507222

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Donna Lambert Informational Purposes		02/22/2012	02/22/2012

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Disposition

Disposition Date: 02/22/2012

Implementation Date: 02/22/2012

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 Rescission Report	Accepted for Informational Purposes	Yes
Supporting Document	LTC Suitability Report	Accepted for Informational Purposes	Yes

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Accepted for Informational Purposes	02/22/2012
Bypass Reason:	N/A, LTC Report.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application	Accepted for Informational Purposes	02/22/2012
Bypass Reason:	N/A, LTC Report.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Accepted for Informational Purposes	02/22/2012
Bypass Reason:	N/A, LTC Report.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Accepted for Informational Purposes	02/22/2012
Bypass Reason:	N/A, LTC Report.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	LTC Rescission Report	Accepted for Informational Purposes	02/22/2012

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Comments:

Attachment:

LTC Rescissions Report.pdf

	Item Status:	Status
Satisfied - Item: LTC Suitability Report	Accepted for Informational Purposes	Date: 02/22/2012

Comments:

Attachment:

LTC Suitability Report.pdf

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RESCISSION REPORTING FORM FOR LONG-TERM CARE POLICIES

FOR THE STATE OF:	ARKANSAS
FOR THE REPORTING YEAR OF:	2011
Company Name:	The Cincinnati Life Insurance Company
Address:	P.O. Box 145496, Cincinnati, Ohio 45250-5496
Phone Number:	513-870-2588

Due: March 1 annually

Instructions:

The purpose of this form is to report all rescissions of long-term care insurance policies of 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) Claims(s) Submitted	Date of Rescission
0	0	0	0	0	0

Detailed reason for rescission:

Jennifer Henley

Signature

Jennifer Henley, Senior Analyst

Name and Title (please type)

February 21, 2012

Date

Suitability Reporting Form Long-Term Care Insurance

For the State of Arkansas

For the Reporting Year of 2011

Company Name: The Cincinnati Life Insurance Company

Company Address: PO Box 145496, Cincinnati, Ohio 45250-5496

Company NAIC Number: 0244-76236

Contact Person: Jennifer Henley Phone Number: (513) 870-2251

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 <u>AR</u> | <u>0</u> |
| 2. | Number of Applicants Who Declined to Provide Information on the Personal Worksheet | <u>0</u> |
| 3. | Number of Applicants Who Did Not Meet the Suitability Standards | <u>0</u> |
| 4. | Number of Applicants Who Chose to Confirm After Receiving a Suitability Letter | <u>0</u> |



Signature

Jennifer Henley, Senior Analyst
Name and Title (please type)

February 21, 2012

Date