

SERFF Tracking Number: MEAM-128244222 State: Arkansas
Filing Company: Principal Life Insurance Company State Tracking Number:
Company Tracking Number: AR-PRINCIPAL DENIED CLAIMS, LAPSE/REPLACEMENT AND SUITABILITY REPORTS
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: AR-Principal Denied Claims, Lapse/Replacement and Suitability Reports
Project Name/Number: AR-Principal Denied Claims, Lapse/Replacement and Suitability Reports /AR- Principal Denied Claims, Lapse/Replacement and Suitability Reports

Filing at a Glance

Company: Principal Life Insurance Company
Product Name: AR-Principal Denied Claims, Lapse/Replacement and Suitability Reports
TOI: LTC06 Long Term Care - Other
Sub-TOI: LTC06.000 Long Term Care - Other
Filing Type: Form
Implementation Date Requested: On Approval
State Filing Description:

SERFF Tr Num: MEAM-128244222 State: Arkansas
SERFF Status: Closed-Accepted For Informational Purposes
Co Tr Num: AR-PRINCIPAL DENIED CLAIMS, LAPSE/REPLACEMENT AND SUITABILITY REPORTS
State Tr Num:
State Status: Closed-Accepted for Informational Purposes
Reviewer(s): Donna Lambert
Disposition Date: 04/09/2012
Disposition Status: Accepted For Informational Purposes
Implementation Date: 04/09/2012
Author: Jean Besser
Date Submitted: 04/06/2012

General Information

Project Name: AR-Principal Denied Claims, Lapse/Replacement and Suitability Reports
Project Number: AR- Principal Denied Claims, Lapse/Replacement and Suitability Reports
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Deemer Date:
Submitted By: Jean Besser
Filing Description:
Annual Reports for Principal Life Insurance Company Denied Claims, Lapse/Replacement and Suitability State Narrative:

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 04/09/2012
State Status Changed: 04/09/2012
Created By: Jean Besser
Corresponding Filing Tracking Number:

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Company and Contact

Filing Contact Information

Jean Besser, Compliance Analyst jean.besser@medamericaltc.com
 165 Court Street 800-544-0327 [Phone] 6693 [Ext]
 Rochester, NY 14467

Filing Company Information

Principal Life Insurance Company CoCode: 61271 State of Domicile: Iowa
 165 Court Street Group Code: Company Type:
 Rochester, NY 14647 Group Name: State ID Number:
 (800) 544-0327 ext. [Phone] FEIN Number: 42-0127290

Filing Fees

Fee Required? Yes
 Fee Amount: \$200.00
 Retaliatory? No
 Fee Explanation: 4 forms x \$50 per form = \$200.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Principal Life Insurance Company	\$200.00	04/06/2012	57793737

SERFF Tracking Number: MEAM-128244222 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Donna Lambert	04/09/2012	04/09/2012

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Disposition

Disposition Date: 04/09/2012

Implementation Date: 04/09/2012

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	Denied Claims Report	Accepted for Informational Purposes	Yes
Supporting Document	Lapse/Replacement Report	Accepted for Informational Purposes	Yes
Supporting Document	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	04/09/2012
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application	Accepted for Informational Purposes	04/09/2012
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Accepted for Informational Purposes	04/09/2012
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Accepted for Informational Purposes	04/09/2012
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Denied Claims Report	Accepted for Informational	04/09/2012

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Purposes

Comments:

Attachments:

AR_61271_denied_2011_119_G.pdf
 AR_61271_denied_2011_119_I.pdf

Satisfied - Item: Lapse/Replacement Report

Item Status:

Status

Date:

Accepted for Informational Purposes

04/09/2012

Comments:

Attachment:

AR_61271_rep_lapse_2011_119.pdf

Satisfied - Item: Suitability Report

Item Status:

Status

Date:

Accepted for Informational Purposes

04/09/2012

Comments:

Attachment:

AR_61271_suit_2011_119.pdf

Long-Term Care Insurance Claims Denial Reporting Form

**For The State of ARKANSAS
For The Reporting Year of 2011**

Company Name Principal Life Insurance Company

Address: Administrative Office: 165 COURT STREET
ROCHESTER, NY 14647

NAIC Number: 61271

Contact Person Angela L. Hoteling, Esq. Phone Number: 1-800-947-3402

Line of Business Group

Instructions:

The purpose of this form is to report all long-term claim denials under in force long-term care policies or 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 request:
- 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 and applicable preexisting condition. It does not include a request for payment that is in excess of the applicable contractual limits.

Inforce Data		State Data	Nationwide Data
	Total Number of Inforce Certificates as of December 31st	2	3316
Claims and Denial Data		State Data	Nationwide Data
1	Total Number of Long-Term Care Claims Reported	0	651
2	Total Number of Long-Term Care Claims Denied/Not Paid	0	29
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	5
5	Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	0	24
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)	N/A	3.7%
7	Number of Long-Term Care Claims Denied due to:		
8	Long-Term Care Services Not Covered under the Policy	0	2
9	Provider/Facility Not Qualified under the Policy	0	0
10	Benefit Eligibility Criteria Not Met	0	10
11	Other: Duplicate Submission, Discharged from Facility, No Coverage in Policy, Incomplete Claim, Repayment of Overpayment	0	12

Long-Term Care Insurance Claims Denial Reporting Form

**For The State of ARKANSAS
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Company Name Principal Life Insurance Company

Address: Administrative Office: 165 COURT STREET
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NAIC Number: 61271

Contact Person Angela L. Hoteling, Esq. Phone Number: 1-800-947-3402

Line of Business Individual

Instructions:

The purpose of this form is to report all long-term claim denials under in force long-term care policies or 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 request:
- 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 and applicable preexisting condition. It does not include a request for payment that is in excess of the applicable contractual limits.

Inforce Data		State Data	Nationwide Data
	Total Number of Inforce Policies as of December 31st	8	3520
Claims and Denial Data		State Data	Nationwide Data
1	Total Number of Long-Term Care Claims Reported	0	2653
2	Total Number of Long-Term Care Claims Denied/Not Paid	0	85
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	14
5	Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	0	71
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)	N/A	2.7%
7	Number of Long-Term Care Claims Denied due to:		
8	Long-Term Care Services Not Covered under the Policy	0	8
9	Provider/Facility Not Qualified under the Policy	0	0
10	Benefit Eligibility Criteria Not Met	0	22
11	Other: Duplicate Submission, Discharged from Facility, No Coverage in Policy, Incomplete Claim, Repayment of Overpayment	0	41

Long-Term Care Insurance Replacement and Lapse Reporting Form

For The State Of ARKANSAS

For The Reporting Year 2011

Company Name Principal Life Insurance Company

Address: Administrative Office: 165 COURT STREET
ROCHESTER,NY 14647

NAIC Number: 61271

Contact Person Angela L. Hoteling, Esq.

Phone Number: 1-800-947-3402

Instructions: The purpose of this form is to report, on a statewide basis, information regarding long-term care insurance policy replacement 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 replacement 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

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

Company Totals:

Percentage of Replacement Policies Sold to Annual Sales	N/A
Percentage of Replacement Policies Sold to Policies In Force (as of the end of the preceding calendar year)	<1%
Percentage of Lapsed Policies Sold to Annual Sales	N/A
Percentage of Lapsed Policies Sold to Policies In Force (as of the end of the preceding calendar year)	<1%

Suitability Report for 2011

Company Name: Principal Life Insurance Company

NAIC Company Code: 61271

1. Total Number of Applications Received from residents of Arkansas	0
2. Number of Applicants Who Declined to Provide Information on the Personal Worksheet	0
3. Number of Applicants Who Did Not Meet the Suitability Standards	0
4. Number of Those Who Chose to Confirm After Receiving A Suitability Letter	0

No new policies were issued; report not applicable.