

SERFF Tracking Number: MEAM-128248758 State: Arkansas
 Filing Company: MedAmerica Insurance Company State Tracking Number:
 Company Tracking Number: AR-MEDAMERICA DENIED CLAIMS, LAPSE/REPLACEMENT AND SUITABILITY REPORTS
 TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
 Product Name: AR-MedAmerica Denied Claims, Lapse/Replacement and Suitability Reports
 Project Name/Number: AR- MedAmerica Denied Claims, Lapse/Replacement and Suitability Reports /AR- MedAmerica Denied Claims, Lapse/Replacement and Suitability Reports

Filing at a Glance

Company: MedAmerica Insurance Company
 Product Name: AR-MedAmerica Denied Claims, Lapse/Replacement and Suitability Reports
 SERFF Tr Num: MEAM-128248758 State: Arkansas
 TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Accepted For Informational Purposes State Tr Num:
 Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: AR-MEDAMERICA DENIED CLAIMS, LAPSE/REPLACEMENT AND SUITABILITY REPORTS State Status: Closed-Accepted for Informational Purposes
 Filing Type: Form Author: Lisa Culhane Reviewer(s): Donna Lambert
 Date Submitted: 04/09/2012 Disposition Date: 04/09/2012 Disposition Status: Accepted For Informational Purposes
 Implementation Date Requested: On Approval Implementation Date: 04/09/2012
 State Filing Description:

General Information

Project Name: AR- MedAmerica Denied Claims, Lapse/Replacement and Suitability Reports Status of Filing in Domicile:
 Project Number: AR- MedAmerica Denied Claims, Lapse/Replacement and Suitability Reports Date Approved in Domicile:
 Requested Filing Mode: Domicile Status Comments:
 Explanation for Combination/Other: Market Type:
 Submission Type: New Submission Overall Rate Impact:
 Filing Status Changed: 04/09/2012
 State Status Changed: 04/09/2012 Deemer Date:
 Created By: Lisa Culhane Submitted By: Lisa Culhane
 Corresponding Filing Tracking Number:
 Filing Description:
 Annual Reports: Denied Claims, Lapse/Replacement and Suitability

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State Narrative:

Company and Contact

Filing Contact Information

Lisa Culhane, LTC Compliance Analyst lisa.culhane@medamericaltc.com
 165 Court Street 585-327-6550 [Phone]
 Rochester , NY 14647 585-238-3642 [FAX]

Filing Company Information

MedAmerica Insurance Company CoCode: 69515 State of Domicile: Pennsylvania
 165 Court Street Group Code: Company Type: Long Term Care
 Insurance
 Rochester, NY 14647 Group Name: State ID Number:
 (585) 327-6522 ext. [Phone] FEIN Number: 34-0977231

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
MedAmerica Insurance Company	\$0.00	04/09/2012	

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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:

Attachment:

AR_69515_denied_2011_116_1.pdf

		Item Status:	Status Date:
Satisfied - Item:	Lapse/Replacement Report	Accepted for Informational Purposes	04/09/2012

Comments:

Attachment:

AR_69515_rep_lapse_2011_116.pdf

		Item Status:	Status Date:
Satisfied - Item:	Suitability Report	Accepted for Informational Purposes	04/09/2012

Comments:

Attachment:

AR_69515_suit_2011_116.pdf

Long-Term Care Insurance Claims Denial Reporting Form

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

Company Name MedAmerica Insurance Company

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

NAIC Number: 69515

Contact Person Angela L. Hoteling, Esq. Phone Number: 1-800-544-0327

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	301	38153
Claims and Denial Data		State Data	Nationwide Data
1	Total Number of Long-Term Care Claims Reported	30	6986
2	Total Number of Long-Term Care Claims Denied/Not Paid	5	562
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	5	332
5	Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	0	230
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)	0%	3.3%
7	Number of Long-Term Care Claims Denied due to:		
8	Long-Term Care Services Not Covered under the Policy	0	49
9	Provider/Facility Not Qualified under the Policy	0	2
10	Benefit Eligibility Criteria Not Met	0	36
11	Other: Duplicate Submission, Discharged from Facility, No Coverage in Policy, Incomplete Claim, Repayment of Overpayment	0	143

Long-Term Care Insurance Replacement and Lapse Reporting Form

For The State Of ARKANSAS

For The Reporting Year 2011

Company Name MedAmerica Insurance Company

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

NAIC Number: 69515

Contact Person Angela L. Hoteling, Esq.

Phone Number: 1-800-544-0327

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
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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
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Company Totals:

Percentage of Replacement Policies Sold to Annual Sales	<1%
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	212.5%
Percentage of Lapsed Policies Sold to Policies In Force (as of the end of the preceding calendar year)	5.4%

Suitability Report for 2011

Company Name: MedAmerica Insurance Company

NAIC Company Code: 69515

1.	Total Number of Applications Received from residents of Arkansas	20
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	1
4.	Number of Those Who Chose to Confirm After Receiving A Suitability Letter	0