

SERFF Tracking Number: GILI-128488889 State: Arkansas
Filing Company: Guaranty Income Life Insurance Company State Tracking Number: RPT-LTC 2011
Company Tracking Number: LTC ANNUAL REPORTS
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: Long-Term Care
Project Name/Number: LTC Annual Reporting/LTC Annual Reports

Filing at a Glance

Company: Guaranty Income Life Insurance Company

Product Name: Long-Term Care

SERFF Tr Num: GILI-128488889

State: Arkansas

TOI: LTC06 Long Term Care - Other

SERFF Status: Closed-Accepted

State Tr Num: RPT-LTC 2011

For Informational Purposes

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

Co Tr Num: LTC ANNUAL

State Status: Closed-Accepted for

REPORTS

Informational Purposes

Filing Type: Form

Authors: Sherry Ducote, Darlene

Reviewer(s): Donna Lambert

Cooper

Disposition Date: 06/19/2012

Date Submitted: 06/18/2012

Disposition Status: Accepted For

Informational Purposes

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: LTC Annual Reporting

Status of Filing in Domicile: Authorized

Project Number: LTC Annual Reports

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: 06/19/2012

State Status Changed: 06/19/2012

Deemer Date:

Created By: Darlene Cooper

Submitted By: Darlene Cooper

Corresponding Filing Tracking Number:

Filing Description:

Long-Term Care Annual Reports - Reporting Year 2011

LTC Claims Denied

LTC Replacements/Lapses

LTC Suitability

State Narrative:

Company and Contact

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Filing Contact Information

Darlene Cooper, Administrative Assistant darlene@gilico.com
929 Government St. 225-383-0355 [Phone] 289 [Ext]
Baton Rouge, LA 70802 225-343-0047 [FAX]

Filing Company Information

Guaranty Income Life Insurance Company CoCode: 64238 State of Domicile: Louisiana
929 Government Street Group Code: Company Type: Life & Annuity
Baton Rouge, LA 70802-6089 Group Name: State ID Number:
(225) 383-0355 ext. [Phone] FEIN Number: 72-0201480

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Guaranty Income Life Insurance Company	\$0.00	06/18/2012	

State Specific

Large Group Only - Does this product qualify for sale on the PPACA exchange?: N/A

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Donna Lambert Informational Purposes		06/19/2012	06/19/2012

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Disposition

Disposition Date: 06/19/2012

Implementation Date:

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		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	LTC Claims Denied	Accepted for Informational Purposes	No
Supporting Document	LTC Replacements/Lapses	Accepted for Informational Purposes	No
Supporting Document	LTC Suitability	Accepted for Informational Purposes	No

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification Bypass Reason: Not Applicable. Comments:		
Bypassed - Item: Application Bypass Reason: Not Applicable. Comments:		
Bypassed - Item: Health - Actuarial Justification Bypass Reason: Not Applicable. Comments:		
Bypassed - Item: Outline of Coverage Bypass Reason: Not Applicable. Comments:		
Satisfied - Item: LTC Claims Denied Comments: Attachment: AR_Claims.Denial.pdf	Accepted for Informational Purposes	06/19/2012

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Item Status: **Status**
Date:
Satisfied - Item: LTC Replacements/Lapses Accepted for Informational 06/19/2012
Purposes
Comments:
Attachment:
AR.ReplaceLapse.pdf

Item Status: **Status**
Date:
Satisfied - Item: LTC Suitability Accepted for Informational 06/19/2012
Purposes
Comments:
Attachment:
AR.SuitabilityReport.pdf

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

**For the State of Arkansas
For the Reporting Year of** 2011

Company Name: Guaranty Income Life Insurance Company Due: June 30 annually
 Company Address: P.O. Box 2231
Baton Rouge, LA 70821-2231
 Company NAIC Number: 64238
 Contact Person: Mary Frances Bertucci Phone Number: 225-383-0355

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	2	40
2	Total Number of Long-Term Care Claims Denied/Not Paid	0	2
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	2
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)	0	.05
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	2
11	• Other	0	0

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

**Long-Term Care Insurance
Replacement and Lapse Reporting Form**

For the State of Arkansas

For the Reporting Year of 2011

Company Name: Guaranty Income Life Insurance Company

Due: June 30 annually

Company Address: P.O. Box 2231, Baton Rouge, LA 70821-2231

Company NAIC Number: 64238

Contact Person: Mary Frances Bertucci

Number: (225) 383-0355

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'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
NA			

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
NA			

Company Totals

Percentage of Replacement Policies Sold to Total Annual Sales 0 %

Percentage of Replacement Policies Sold to Policies In Force (as of the end of the preceding calendar year) 0 %

Percentage of Lapsed Policies to Total Annual Sales 0 %

Percentage of Lapsed Policies to Policies In Force (as of the end of the preceding calendar year) 0 %

**Suitability Reporting Form
Long-Term Care Insurance**

For the State of: Arkansas

For the Reporting Year of 2011
Due: **June 30 annually**

Company Name: Guaranty Income Life Insurance Company
Company Address: P.O. Box 2231
Baton Rouge, LA 70821-2231
Company NAIC Number: 64238
Contact Person: Mary Frances Bertucci Phone Number: 225.383.0355

Instructions

The purpose of this form is to report all long-term care activity related to 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>Arkansas</u> | <u>2</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> |