

SERFF Tracking Number: STFR-128462749 State: Arkansas
 Filing Company: Southern Farm Bureau Life Insurance Company State Tracking Number: RPT-LTC 2011
 Company Tracking Number:
 TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
 Product Name: AR LTC ANNUAL CLAIMS DENIED AND LAPSES/REPLACEMENTS REPORTING
 Project Name/Number: AR LTC ANNUAL CLAIMS DENIED AND LAPSES/REPLACEMENTS REPORTING/

Filing at a Glance

Company: Southern Farm Bureau Life Insurance Company
 Product Name: AR LTC ANNUAL CLAIMS DENIED AND LAPSES/REPLACEMENTS REPORTING SERFF Tr Num: STFR-128462749 State: Arkansas
 TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Accepted For Informational Purposes State Tr Num: RPT-LTC 2011
 Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: State Status: Closed-Accepted for Informational Purposes
 Filing Type: Form Reviewer(s): Donna Lambert
 Author: Amy Wheeler Disposition Date: 06/08/2012
 Date Submitted: 06/08/2012 Disposition Status: Accepted For Informational Purposes
 Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: AR LTC ANNUAL CLAIMS DENIED AND LAPSES/REPLACEMENTS REPORTING Status of Filing in Domicile: Not Filed
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 06/08/2012
 State Status Changed: 06/08/2012
 Deemer Date: Created By: Amy Wheeler
 Submitted By: Amy Wheeler Corresponding Filing Tracking Number:
 Filing Description:
 AR LTC ANNUAL CLAIMS DENIED AND LAPSES/REPLACEMENTS REPORTING
 State Narrative:

Company and Contact

Filing Contact Information

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Amy Wheeler, Compliance Advertising awheeler@sfbli.com
 Specialist
 1401 Livingston Lane 601-981-5332 [Phone] 1946 [Ext]
 Jackson, MS 39213 601-321-2629 [FAX]

Filing Company Information

Southern Farm Bureau Life Insurance CoCode: 68896 State of Domicile: Mississippi
 Company
 1401 Livingston Lane Group Code: 893 Company Type: Life Insurance
 Jackson, MS 39213 Group Name: Southern Farm State ID Number:
 Group
 (601) 981-5332 ext. 1942[Phone] FEIN Number: 64-0283583

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Southern Farm Bureau Life Insurance Company	\$0.00	06/08/2012	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Donna Lambert Informational Purposes		06/08/2012	06/08/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing status	Note To Reviewer	Amy Wheeler	06/08/2012	06/08/2012

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Disposition

Disposition Date: 06/08/2012

Implementation Date:

Status: Accepted For Informational Purposes

Comment: Additional fees were requested because there were documents attached to the Forms tab. Attaching the reports to the Supporting Documentation tab only is preferred, but there is no fee for this submission.

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	AR ANNUAL CLAIMS DENIED AND LAPSES/REPLACEMENTS REPORTING	Accepted for Informational Purposes	Yes
Form	AR ANNUAL CLAIMS DENIED AND LAPSES/REPLACEMENTS REPORTING		Yes

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Note To Reviewer

Created By:

Amy Wheeler on 06/08/2012 12:50 PM

Last Edited By:

Donna Lambert

Submitted On:

06/08/2012 02:43 PM

Subject:

Filing status

Comments:

I noticed that the filing status is currently "pending fees." Please let me know the amount due and I will go ahead and authorize the payment. Thanks!

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
		Other	AR ANNUAL CLAIMS DENIED AND LAPSES/REPLACEMENTS REPORTING	Initial			AR LTC ANNUAL CLAIMS DENIED REPORTING.pdf AR LTC LAPSES AND REPLACEMENTS - ANNUAL REPORTING.pdf



SOUTHERN FARM BUREAU LIFE INSURANCE COMPANY

Post Office Box 78 • Jackson, Mississippi 39205 • 601-981-7422

June 8, 2012

Mr. Jay Bradford
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201

RE: Long Term Care Policy – Annual Claims Denied Reporting
Southern Farm Bureau Life Insurance Company (“SFBLIC”)
NAIC #68896

Dear Commissioner Bradford:

As per Arkansas’s regulations pertaining to Long Term Care Claims Denied reporting requirements, attached please find SFBLIC’s Claims Denial Reporting Form for the calendar year 2011. If there are any questions pertaining to this report, I may be contacted at your convenience via e-mail at lsmith2@sfbli.com or by phone at 601-981-5332, ext. 1500.

Sincerely,

SOUTHERN FARM BUREAU
LIFE INSURANCE COMPANY

A handwritten signature in cursive script that reads "Leslie Smith".

Leslie Smith, FLMI, FFSI, AIRC, AIAA
Supervisor, Compliance

Claims Denial Reporting Form Long-Term Care Insurance

For the State of Arkansas
For the Reporting Year of 2011

Company Name: SOUTHERN FARM BUREAU LIFE INSURANCE CO. Due: June 30 annually

Company Address: Post Office Box 78
Jackson, MS 39205

Company NAIC Number: 68896

Contact Person: Leslie Smith Phone Number: 601-981-5332 ext 1500

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 Data ¹
1	Total Number of Long-Term Care Claims Reported	3383	37439
2	Total Number of Long-Term Care Claims Denied/Not Paid	1819	20233
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	259	3010
5	Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	1560	17223
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided by Line 1)	46.11	46
7	Number of Long-Term Care Claims Denied due to:		
8	• Long-Term Care Services Not Covered Under the Policy ²	235	5225
9	• Provider/Facility Not Qualified Under the Policy ³	35	489
10	• Benefit Eligibility Criteria Not Met ⁴	2	23
11	• Other	1288	11486

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 Example – a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.



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Southern Farm Bureau Life Insurance Company (“SFBLIC”)
NAIC #68896

Dear Commissioner Bradford:

Per Arkansas’s regulations, enclosed please find the required annual reporting detailing the Long Term Care Policy Lapses and Replacements for SFBLIC as of December 31, 2011. Please note, SFBLIC has no sales, lapses or replacements to report for this period. As of December 31, 2011, SFBLIC had 1422 long term care policies in force in the state of Arkansas. If there are any questions pertaining to this report, I may be contacted at your convenience via e-mail at lsmith2@sfbli.com or by phone at 601-981-5332, ext. 1500.

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

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

Company Name: **Southern Farm Bureau Life Insurance Company**
Due: June 30 annually

Company Address: **PO Box 78, Jackson, MS 39205**
Company NAIC Number: **68896**

Contact Person: Leslie Smith Phone Number: (601) 981-5332, ext 1500

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 Replace Number Sold By
N/A			

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 And Number Sold By This Agent
N/A			

Company Totals

Percentage of Replacement Policies Sold to Total Annual Sales ___N/A___%

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

Percentage of Lapsed Policies to Total Annual Sales _N/A_____%

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

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification		
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification		
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage		
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	AR ANNUAL CLAIMS DENIED AND LAPSES/REPLACEMENTS REPORTING	Accepted for Informational Purposes	06/08/2012
Comments:			
Attachments:			
	AR LTC ANNUAL CLAIMS DENIED REPORTING.pdf		

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AR LTC LAPSES AND REPLACEMENTS - ANNUAL REPORTING.pdf



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Percentage of Lapsed Policies to Total Annual Sales _N/A_____%

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