

SERFF Tracking Number: LFPL-128500774 State: Arkansas  
Filing Company: Kanawha 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: Kanawha LTC Annual Reporting 2011  
Project Name/Number: /

## Filing at a Glance

Company: Kanawha Insurance Company  
Product Name: Kanawha LTC Annual Reporting 2011 SERFF Tr Num: LFPL-128500774 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: State Status: Closed-Accepted for Informational Purposes  
Filing Type: Form Reviewer(s): Donna Lambert  
Author: Mary Boyden Disposition Date: 07/02/2012  
Date Submitted: 06/29/2012 Disposition Status: Accepted For Informational Purposes  
Implementation Date Requested: Implementation Date:  
State Filing Description:

## General Information

Project Name: Status of Filing in Domicile: Not Filed  
Project Number: 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: 07/02/2012  
State Status Changed: 07/02/2012  
Deemer Date: Created By: Mary Boyden  
Submitted By: Mary Boyden Corresponding Filing Tracking Number:  
Filing Description:  
RE: State Reports for the Calendar Year 2011

Attached please find the Long Term Care Annual reports for the year reporting year 2011 for Kanawha Insurance Company, in compliance with state regulations. A letter of filing authorization is attached.

If you have any questions pertaining to this data, please contact me via email at [mboyden@lifeplansinc.com](mailto:mboyden@lifeplansinc.com), by phone at 800-525-7279 Ext. 312, or by fax at 781-893-6905.

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 State Narrative:

## Company and Contact

### Filing Contact Information

Mary Boyden, Filing Consultant mboyden@lifeplansinc.com  
 51 Sawyer Road 781-893-7600 [Phone] 312 [Ext]  
 Suite 340 781-893-6905 [FAX]  
 Waltham, MA 02453

### Filing Company Information

(This filing was made by a third party - lifeplansinc)

Kanawha Insurance Company	CoCode: 65110	State of Domicile: South Carolina
210 South White Street	Group Code:	Company Type:
P.O.Box 610	Group Name:	State ID Number:
Lancaster, SC 29721-0610	FEIN Number: 00-570380426	
(877) 378-1505 ext. [Phone]		

## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Kanawha Insurance Company	\$0.00	06/29/2012	

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TOI: LTC06 Long Term Care - Other

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

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Donna Lambert Informational Purposes		07/02/2012	07/02/2012

SERFF Tracking Number: LFPL-128500774

State: Arkansas

Filing Company: Kanawha Insurance Company

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## Disposition

Disposition Date: 07/02/2012

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	Authorization Letter	Accepted for Informational Purposes	No
Supporting Document	LTC Claims Denial Report 2011	Accepted for Informational Purposes	No
Supporting Document	LTC Lapse & Replacement Report 2011	Accepted for Informational Purposes	No
Supporting Document	LTC Suitability Report 2011	Accepted for Informational Purposes	No

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Project Name/Number: /

State: Arkansas  
State Tracking Number: RPT-LTC 2011  
Sub-TOI: LTC06.000 Long Term Care - Other

## Supporting Document Schedules

		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Flesch Certification		
<b>Bypass Reason:</b>	NA LTC Annual Reporting		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Application		
<b>Bypass Reason:</b>	NA LTC Annual Reporting		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Health - Actuarial Justification		
<b>Bypass Reason:</b>	NA LTC Annual Reporting		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Outline of Coverage		
<b>Bypass Reason:</b>	NA LTC Annual Reporting		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Satisfied - Item:</b>	Authorization Letter	Accepted for Informational Purposes	07/02/2012
<b>Comments:</b>			
<b>Attachment:</b>			
Kanawha Authorization Letter 2011.pdf			

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Product Name: Kanawha LTC Annual Reporting 2011  
Project Name/Number: /

**Item Status:** **Status**  
**Date:**  
**Satisfied - Item:** LTC Claims Denial Report 2011 Accepted for Informational 07/02/2012  
Purposes  
**Comments:**  
**Attachment:**  
AR Claims Denial Reporting 2011.pdf

**Item Status:** **Status**  
**Date:**  
**Satisfied - Item:** LTC Lapse & Replacement Report 2011 Accepted for Informational 07/02/2012  
Purposes  
**Comments:**  
**Attachment:**  
AR Lapse Replacement Report 2011.pdf

**Item Status:** **Status**  
**Date:**  
**Satisfied - Item:** LTC Suitability Report 2011 Accepted for Informational 07/02/2012  
Purposes  
**Comments:**  
**Attachment:**  
AR Suitability Report 2011.pdf

**KANAWHA**  
INSURANCE COMPANY

210 South White Street  
P.O. Box 610  
Lancaster, SC 29721-0610

Phone: 877-378-1505  
Fax: 803-416-5957

DATE: August 1, 2011

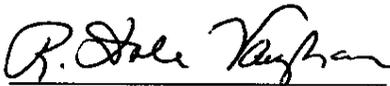
TO: State Insurance Department

RE: Long Term Care Insurance

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I hereby authorize our filing consultants Mary Boyden and Bryan Kendall of LifePlans, Inc. to communicate with Insurance Department, review and submit forms, rates, reports and receive information from the Department with respect to the Long Term Care Insurance filings for Kanawha Insurance Company.

Any questions concerning this authorization should be brought to my immediate attention.



Signature of Company Officer



Name/Title

## Claims Denial Reporting Form Long-Term Care Insurance

### For the State of ARKANSAS For the Reporting Year of 2011

Company Name: Kanawha Insurance Company Due: June 30 annually  
 Company Address: P.O. Box 541049 Waltham, MA 02454-1049  
 Company NAIC Number: 77399  
 Contact Person: Mary Boyden, Filing Consultant Phone Number: 800-525-7279, ext. 312

Line of Business: Individual Group

#### Instructions

**Per Claimant** – counts each individual who makes one or a series of claim requests.

**Per Transaction** – counts each claim payment request.

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 <sup>1</sup>
	Total Number of Inforce Policies as of December 31st	118	34976
1	Total Number of Long-Term Care Claims Reported	6	1405
2	Total Number of Long-Term Care Claims Denied/Not Paid	0	93
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	6
5	Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	0	87
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)	0.00%	6.19%
7	Number of Long-Term Care Claim Denied due to:		
8	• Long-Term Care Services Not Covered under the Policy <sup>2</sup>	0	3
9	• Provider/Facility Not Qualified under the Policy <sup>3</sup>	0	11
10	• Benefit Eligibility Criteria Not Met <sup>4</sup>	0	58
11	• Other	0	15

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: Kanawha Insurance Company  
 Company Address: P.O. Box 541049 Waltham, MA 02454-1049  
 Contact Person: Mary Boyden, Filing Consultant

Due: June 30 annually  
 Company NAIC Number: 65110  
 Phone Number: 800-525-7279, ext. 312

### 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

### 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
JAMES R CASEY		2	

### 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) 1 %

**ANNUAL LONG-TERM CARE INSURANCE SUITABILITY REPORT  
FOR THE STATE OF ARKANSAS FOR THE REPORTING YEAR 2011**

Company Name: Kanawha Insurance Company Due: June 30 annually  
Company Address: P.O. Box 541049 Waltham, MA 02454-1049  
Company NAIC Number: 65110  
Contact Person: Mary Boyden, Filing Consultant Phone Number: 800-525-7279, ext. 312

The number of applications received from residents of the state	The number of applicants who declined to provide information on the personal worksheet	The number of applicants that did not meet our suitability standards	The number of applicants that chose to confirm coverage after receiving a suitability letter
None	None	None	None

Signature: 

Name and Title: Mary Boyden  
Filing Consultant  
LifePlans, Inc.