

SERFF Tracking Number: UNAM-128523483 State: Arkansas
Filing Company: Constitution Life Insurance Company State Tracking Number: RPT-LTC 2011
Company Tracking Number: LTC LAPSE/REPL - CL
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: LTC Lapse Replacement Report - CL
Project Name/Number: /

Filing at a Glance

Company: Constitution Life Insurance Company

Product Name: LTC Lapse Replacement SERFF Tr Num: UNAM-128523483 State: Arkansas
Report - CL

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 LAPSE/REPL - CL State Status: Closed-Accepted for
Informational Purposes

Filing Type: Form Reviewer(s): Donna Lambert
Author: Mary Reichert Disposition Date: 07/02/2012
Date Submitted: 06/28/2012 Disposition Status: Accepted For
Informational Purposes
Implementation Date: Implementation Date:

Implementation Date Requested:

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: Report submitted
as required
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 Reichert
Submitted By: Mary Reichert Corresponding Filing Tracking Number:
Filing Description:
Dear Colleague:

In accordance with state regulation, we are submitting the Long-Term Care Insurance Replacement and Lapse Report for calendar year 2011.

Our audit showed no policies in force in your state. In order to save time and effort for both of us, we would like to suspend submission of this report at this time. If future audits identify in force policies, we will resume reporting.

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Please indicate your approval or denial of this proposal in your response.

Thank you for your consideration. Please feel free to contact me directly if you have questions or need additional information. I may be reached through SERFF, through email at mreichert@universalamerican.com, or by phone at 407-444-4371.

Sincerely,

Mary Reichert
Compliance Auditor

State Narrative:

Company and Contact

Filing Contact Information

Mary Reichert, mreichert@universalamerican.com
P.O. Box 958465 407-444-4371 [Phone]
Lake Mary, FL 32795-8465

Filing Company Information

Constitution Life Insurance Company CoCode: 62359 State of Domicile: Texas
1001 Heathrow Park Lane Group Code: 953 Company Type:
Suite 5001 Group Name: State ID Number:
Lake Mary, FL 32746 FEIN Number: 36-1824600
(407) 995-8000 ext. [Phone]

Filing Fees

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

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Constitution Life Insurance Company	\$0.00	06/28/2012	

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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

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Disposition

Disposition Date: 07/02/2012

Implementation Date:

Status: Accepted For Informational Purposes

Comment: There is no need to submit a report if there are no active policies in Arkansas.

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 REPLACEMENT AND LAPSE REPORT - 2011	Accepted for Informational Purposes	No
Supporting Document	Letter- Special Request	Accepted for Informational Purposes	No

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification Bypass Reason: N/A Comments:		
Bypassed - Item: Application Bypass Reason: N/A Comments:		
Bypassed - Item: Health - Actuarial Justification Bypass Reason: N/A Comments:		
Bypassed - Item: Outline of Coverage Bypass Reason: N/A Comments:		
Satisfied - Item: LTC REPLACEMENT AND LAPSE REPORT - 2011 Comments: Attachment: cl-ar.pdf	Accepted for Informational Purposes	07/02/2012

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Satisfied - Item: Letter- Special Request **Item Status:** Accepted for Informational Purposes **Status Date:** 07/02/2012

Comments:
Attachment:
cl-ar.pdf

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

For the State of Arkansas

For the Reporting Year of 2011
Due: June 30 annually

Company Name: Consolidated Life Ins Co. Company NAIC Number: 62359

Company Address: 1001 Heathrow Pl Ln City Lake Mary State FL Zip 32746

Contact Person: Mary Reichert Phone Number: (407) 444-4371

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
<u>N/A</u>			

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
<u>N/A</u>			

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%

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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
<u>N/A</u>			

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%