

SERFF Tracking Number: PNNT-125671170 State: Arkansas
Filing Company: Penn Treaty Network America Ins Co State Tracking Number: 39143
Company Tracking Number:
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other
Product Name: 2008 Updated Personal Worksheets
Project Name/Number: /

Filing at a Glance

Company: Penn Treaty Network America Ins Co

Product Name: 2008 Updated Personal Worksheets SERFF Tr Num: PNNT-125671170 State: ArkansasLH

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed

State Tr Num: 39143

Sub-TOI: LTC03I.003 Other

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Marie Bennett, Harris Shearer

Authors: Krista Roberts, Anita Small Disposition Date: 07/03/2008

Date Submitted: 05/29/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 07/03/2008

State Status Changed: 07/03/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Please see the Cover Letter attached at the Supporting Documentation tab.

Company and Contact

Filing Contact Information

Anita Small, Analyst

asmall@penntreaty.com

SERFF Tracking Number: PNNT-125671170 State: Arkansas
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Product Name: 2008 Updated Personal Worksheets
Project Name/Number: /

3440 Lehigh Street (800) 222-3469 [Phone]
Allentown, PA 18103 (484) 232-6638[FAX]

Filing Company Information

Penn Treaty Network America Ins Co CoCode: 63282 State of Domicile: Pennsylvania
3440 Lehigh Street Group Code: 810 Company Type: Long Term Care
P.O. Box 7066
Allentown, PA 18103 Group Name: State ID Number:
(800) 222-3469 ext. [Phone] FEIN Number: 23-2603386

SERFF Tracking Number: PNNT-125671170 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$60.00
Retaliatory? No
Fee Explanation: \$20 per fom x 3 forms = \$60.00 total
Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|------------------------------------|---------|----------------|---------------|
| Penn Treaty Network America Ins Co | \$60.00 | 05/29/2008 | 20559385 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|---------------|------------|----------------|
| Approved | Marie Bennett | 07/03/2008 | 07/03/2008 |

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Disposition

Disposition Date: 07/03/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PNNT-125671170 State: Arkansas
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 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other
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| Item Type | Item Name | Item Status | Public Access |
|----------------------------|---|--------------------|----------------------|
| Supporting Document | Certification/Notice | | Yes |
| Supporting Document | Application | | Yes |
| Supporting Document | Health - Actuarial Justification | | Yes |
| Supporting Document | Outline of Coverage | | Yes |
| Supporting Document | Cover Letter | | Yes |
| Form | Personal Worksheet for Comprehensive Policies | | Yes |
| Form | Personal Worksheet for Institutional Policies | | Yes |
| Form | Personal Worksheet for Non-Institutional Policies | | Yes |

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 Company Tracking Number:
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other
 Product Name: 2008 Updated Personal Worksheets
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Form Schedule

Lead Form Number: PF3-PW-P(4-08)

| Review Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|---------------|-----------------|-----------|---|---------|----------------------|-------------|---------------------|
| | PF3-PW-P(4-08) | Other | Personal Worksheet for Comprehensive Policies | Initial | | 0 | PF3-PW-P(4-08).pdf |
| | ALP2-PW-P(4-08) | Other | Personal Worksheet for Institutional Policies | Initial | | 0 | ALP2-PW-P(4-08).pdf |
| | IL5-PW-P(4-08) | Other | Personal Worksheet for Non-Institutional Policies | Initial | | 0 | IL5-PW-P(4-08).pdf |



Penn Treaty Network America Insurance CompanySM

3440 Lehigh Street, P.O. Box 7066
Allentown, PA 18105-7066
(800) 362-0700

Long-Term Care Personal Worksheet for use with Comprehensive Policies

People buy long-term care insurance for many reasons. Some don't want to use their own assets to pay for long-term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. But long-term care insurance may be expensive, and may not be right for everyone.

By state law, the insurance company must fill out part of the information on this worksheet and ask you to fill out the rest to help you and the company decide if you should buy this policy.

Premium Information: *Policy Form Series* _____

The premium for the coverage you are considering will be \$_____ per month, or \$_____ per year.

Type of Policy: *Guaranteed Renewable:* The Company cannot cancel or change the policy, provided premiums are paid in a timely manner. The Company does have a right to increase premiums if they are changed for everyone that bought the policy in the same state yours was purchased.

The Company's Right to Increase Premiums: The Company has a right to increase premiums on this Policy Form Series in the future, provided it raises rates for all policies in the same class in this state.

**For Use With Policies Providing Coverage
For Both Facility and Home and Community Care Benefits**

Rate Increase History

The Company has sold Long-Term Care Insurance since 1972 and has sold this Policy Form Series since 2004. The Company has not raised its premium rates on this Policy Form Series, however, it has raised its rates on similar policy form series in the last 10 years. Following is a summary of these rate increases:

Form, Years Available, and States

Percentage

NHP - 1987 to 1994

FL 35% in 2001 and 16% in 2004

LTC - 1988 to 1996

FL 35% in 2001

AZ, CA, FL, GA, MT, NC, OH, PA, SD, TX 5-50% in 2004

CA, GA, IL, KY, MO, NC, OH, PA, SD, TX, UT 12-34% in 2005

LTC91/LTC92 - 1991 to 1999

AK, AZ, CA, CO, FL, ID, IL, KY, LA, MD, MO, MS, MT, NE, NM, OH, OK, PA, TN, TX, VA, WA, WY 18-40% in 2001

AK, AZ, CA, CO, DE, FL, GA, IA, ID, IL, IN, KY, LA, MD, MO, MS, MT, NE, NM, NV, OH, OK, PA, TN, TX, UT, WY 9-61% in 2003

GA, IN, MD, MS, UT, VA 5-61% in 2005

NF93 - 1993 to 1998

MI, MO, OH, TN 40% in 2001 and 40% in 2003

CH 10% in 2007

LTC93 - 1993 to 1998

CA, IA, IL, MI, MO, NE, OH, PA, SD 25-50% in 2004

CA, IA, OH, UT 10-34% in 2005

IL, MO, NE, OH, PA, SD, UT 10-80% avg in 2007

LTC94 - 1994 to 2000

AK, AZ, CA, CO, FL, IL, KY, MD, MI, MO, MS, NC, NE, OH, PA, SC, TN, VA 20-40% in 2001

CA, FL, GA, IA, IL, IN, KY, MD, MI, MO, NC, NE, OH, PA, SC, TN 10-50% in 2003

CO, GA, IA, IN, MD, NV, VA 13-73% in 2005

CO, IL, IN, KY, MD, MO, NE, OH, PA, SC 10-50% avg in 2007

IL94 - 1994 to 2001

AK, AZ, CO, GA, IL, KY, LA, MI, MO, MS, MT, NC, NE, NM, OH, OK, PA, SD, TN, TX, VA, WY 20-25% in 2001

AK, AZ, GA, IA, IL, KY, LA, MI, MO, MS, MT, NC, NE, OH, OK, PA, SD, TN, TX, UT, WY 15-50% in 2003

GA, IA, KY, MS, NM, NV, TN, UT, VA, WA 6-55% in 2005

2400/6000 - 1995 to 2001

AK, AR, AZ, CO, FL, ID, IL, KY, LA, MD, MI, MO, MS, MT, NC, NE, NM, OH, PA, SD, TN, TX, VA, WA, WY 17-35% in 2001

AK, AZ, CO, DE, FL, GA, HI, IA, ID, IL, IN, KY, LA, MD, MI, MO, MS, MT, NC, NE, NV, OH, OK, PA, SD, TN, TX, UT, WA, WY 8-69% in 2003

AR, DE, GA, IA, IN, KY, MD, MN, MO, MS, NM, NV, UT, VA 9-50% in 2005

AK, AR, AZ, CO, DE, GA, ID, IL, IN, LA, MD, MO, MS, NC, NE, NH, NM, OH, OK, PA, SD, TX, UT 7-52% avg in 2007

2600/6500 - 1996 to 2001

AK, AR, AZ, CA, CO, FL, IL, KY, LA, MD, MI, MO, MS, MT, NC, NE, NM, OH, PA, RI, SC, SD, TN, TX, VA, WA, WI, WY 20-56% avg in 2001

AK, CA, CO, DE, FL, GA, HI, ID, IA, IL, IN, KY, MD, MI, MO, MS, MT, NC, NE, OH, OR, PA, RI, SC, SD, TN, TX, UT, WA, WY 5-50% in 2003

AR, DE, GA, IA, ID, IN, KY, LA, MD, MO, MS, NV, OK, OR, UT, WI 7-65% avg in 2005

AK, AR, AZ, CA, CO, DE, GA, ID, IL, IN, LA, MD, MO, MS, NC, NE, NH, OH, OK, OR, PA, SC, SD, TX, UT, WI, WA 10-112% avg in 2007

IL2/6700 - 1997 to 2002

AR, AZ, CO, HI, ID, IL, IN, KY, LA, MI, MO, MS, MT, NC, NE, NM, OH, OK, PA, SD, TN, VA, WY 15-20% in 2001

AZ, CO, FL, GA, HI, IA, ID, IL, IN, KY, LA, MI, MO, MS, MT, NC, NE, NV, OH, OK, PA, SD, TN, UT, VA, WY 10-50% in 2003

AR, AZ, GA, IA, IN, KY, MS, NM, NV, OH, TN, UT, VA 10-73% in 2005

AZ, CO, DE, GA, IL, MO, MS, NC, NE, NM, OH, OK, PA, UT 10-50% avg in 2007

ALP - 1999 to Present

FL 16% in 2004

PF2600-2 - 2000 to Present

FL 2-16% in 2004

Questions Related to Your Income

How will you pay each year's premium?

- From My Income From My Savings/Investments My Family Will Pay

Have you considered whether you could afford to keep this policy if the premiums went up, for example, by 20%?

What is your annual income? (check one)

- Under \$10,000 \$10-20,000 \$20-30,000 \$30-50,000 Over \$50,000

How do you expect your income to change over the next 10 years? (check one)

- No change Increase Decrease

If you will be paying premiums with money received only from your own income, a rule of thumb is that you may not be able to afford this policy if the premiums will be more than 7% of your income.

Will you buy inflation protection? (check one)

- Yes No

If not, have you considered how you will pay for the difference between future costs and your daily benefit amount?

- From My Income From My Saving/Investments My Family Will Pay

The national average annual cost of care in 2008 was more than \$76,000, but this figure varies across the country. In ten years, the national average annual cost would be about \$123,500 if costs increase 5% annually.

What deductible period are you considering?

Number of Days _____ . Approximate cost \$ _____ for that period of care.

How are you planning to pay for your care during the deductible period? (check one)

- From My Income From My Savings/Investments My Family Will Pay

Questions Related to Your Savings and Investments

Not counting your home, about how much are all of your assets (savings and investments) worth? (check one)

- Under \$20,000 \$20-30,000 \$30-50,000 Over \$50,000

How do you expect your assets to change over the next 10 years? (check one)

- Stay about the Same Increase Decrease

If you are buying this policy to protect your assets and your total assets are less than \$30,000, you may wish to consider other options for financing your Long-Term Care.



Penn Treaty Network America Insurance CompanySM

3440 Lehigh Street, P.O. Box 7066
Allentown, PA 18105-7066
(800) 362-0700

Long-Term Care Personal Worksheet for use with Institutional Policies

People buy long-term care insurance for many reasons. Some don't want to use their own assets to pay for long-term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. But long-term care insurance may be expensive, and may not be right for everyone.

By state law, the insurance company must fill out part of the information on this worksheet and ask you to fill out the rest to help you and the company decide if you should buy this policy.

Premium Information: *Policy Form Series* _____

The premium for the coverage you are considering will be \$_____ per month, or \$_____ per year.

Type of Policy: *Guaranteed Renewable:* The Company cannot cancel or change the policy, provided premiums are paid in a timely manner. The Company does have a right to increase premiums if they are changed for everyone that bought the policy in the same state yours was purchased.

The Company's Right to Increase Premiums: The Company has a right to increase premiums on this Policy Form Series in the future, provided it raises rates for all policies in the same class in this state.

For Use With Policies
Providing Coverage For Facility Benefits

Rate Increase History

The Company has sold Long-Term Care Insurance since 1972 and has sold Policy Form Series ALP2 since 2004 and Policy Form Series SR400 since 1997. The Company has not raised its premium rates on this Policy Form Series, however, it has raised its rates on similar policy form series in the last 10 years. Following is a summary of these rate increases:

Form, Years Available, and States

Percentage

SNH-30 - 1976 to 1985

PA 7% in 2004 and 20% in 2005

LTC-300/400 - 1989 to 1991

FL 35% in 2001

FL, IA, IL, KY, MI, MO, NC, NE, ND, OH, TN, TX, WA, WY 15-50% in 2004

IA, IN, KY, NC, ND, OH, OR, TN, TX 8-50% in 2005

Policy Form LTC-300/400 was originally issued by another company. The business was acquired by the company in 1991.

NHP-1000/2000 - 1989 to 1991

MI, NE, OH, SD, TX, WA 18-50% in 2004

IN, KY, SD, TN, TX 10-50% in 2005

S2212S - 1989 to 1991

WA 50% in 2004

Policy Form S2212S was originally issued by another company. The business was acquired by the company in 1991.

SNCC - 1989 to 1991

FL 16% in 2004

Policy Form SNCC was originally issued by another company. The business was acquired by the company in 1991.

WS89 - 1989 to 1991

FL 35% in 2001

CA, FL, MI, MT, ND, NM, OH, SC, WI, WY 16-50% in 2004

AL 50% in 2005

Policy Form WS89 was originally issued by another company. The business was acquired by the company in 1991.

LTC - 1989 to 1996

IA, IN, MD, MS, NE, NM, TN, WI, WY 15-50% in 2004

AR, IA, IN, KY, MD, MO, MS, OR 10-25% in 2005

LTC91/LTC92 - 1992 to 2001

SD 10% in 1999

MI, NC, SD 40% in 2001

MI, NC, OR, RI, SD 15-40% in 2003

OR 15% in 2005

NF93 - 1993 to 2000

CA, NC, TX, WI 25-40% in 2001 and 35-40% in 2003

TX 4% in 2005

CA, TX, WI 19%-25% avg. in 2007

2400 - 1995 to 2001

WI 35% in 2001, 10% in 2003 and 20% in 2007

Questions Related to Your Income

How will you pay each year's premium?

- From My Income From My Savings/Investments My Family Will Pay

Have you considered whether you could afford to keep this policy if the premiums went up, for example, by 20%?

What is your annual income? (check one)

- Under \$10,000 \$10-20,000 \$20-30,000 \$30-50,000 Over \$50,000

How do you expect your income to change over the next 10 years? (check one)

- No change Increase Decrease

If you will be paying premiums with money received only from your own income, a rule of thumb is that you may not be able to afford this policy if the premiums will be more than 7% of your income.

Will you buy inflation protection? (check one)

- Yes No

If not, have you considered how you will pay for the difference between future costs and your daily benefit amount?

- From My Income From My Saving/Investments My Family Will Pay

The national average annual cost of care in 2008 was more than \$76,000, but this figure varies across the country. In ten years, the national average annual cost would be about \$123,500 if costs increase 5% annually.

What deductible period are you considering?

Number of Days _____ . Approximate cost \$ _____ for that period of care.

How are you planning to pay for your care during the deductible period? (check one)

- From My Income From My Savings/Investments My Family Will Pay

Questions Related to Your Savings and Investments

Not counting your home, about how much are all of your assets (savings and investments) worth? (check one)

- Under \$20,000 \$20-30,000 \$30-50,000 Over \$50,000

How do you expect your assets to change over the next 10 years? (check one)

- Stay about the Same Increase Decrease

If you are buying this policy to protect your assets and your total assets are less than \$30,000, you may wish to consider other options for financing your Long-Term Care.

Disclosure Statement

Please Check One

- The answers to the questions above describe my financial situation; **OR**
 I choose not to complete this information.

Please Check Box

I acknowledge that the carrier and/or its agent (below) has reviewed this form with me including the premium, premium rate increase history and potential for premium increases in the future. I understand the above disclosures. **I understand that the rates for this policy may increase in the future.** (This box must be checked.)

Signed: _____ (Applicant) _____ (Date)

- I explained to the applicant the importance of completing this information.

Signed: _____ (Agent) _____ (Date)

Agent's Printed Name: _____

My agent has advised me that this policy does not seem to be suitable for me. However, I still want the company to consider my application.

Signed: _____ (Applicant) _____ (Date)

The company may contact you to verify your answers.



Penn Treaty Network America Insurance CompanySM

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Long-Term Care Personal Worksheet for use with Non-Institutional Policies

People buy long-term care insurance for many reasons. Some don't want to use their own assets to pay for long-term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. But long-term care insurance may be expensive, and may not be right for everyone.

By state law, the insurance company must fill out part of the information on this worksheet and ask you to fill out the rest to help you and the company decide if you should buy this policy.

Premium Information: *Policy Form Series* _____

The premium for the coverage you are considering will be \$_____ per month, or \$_____ per year.

Type of Policy: *Guaranteed Renewable:* The Company cannot cancel or change the policy, provided premiums are paid in a timely manner. The Company does have a right to increase premiums if they are changed for everyone that bought the policy in the same state yours was purchased.

The Company's Right to Increase Premiums: The Company has a right to increase premiums on this Policy Form Series in the future, provided it raises rates for all policies in the same class in this state.

**For Use With Policies Providing Coverage
For Home and Community Care Benefits**

Rate Increase History

The Company has sold Long-Term Care Insurance since 1972 and has sold this Policy Form Series since 2004. The Company has not raised its premium rates on this Policy Form Series, however, it has raised its rates on similar policy form series in the last 10 years. Following is a summary of these rate increases:

Form, Years Available, and States

Percentage

HHC - 1987 to 1998

| | |
|--------------------------------------|----------------|
| FL | 50% in 2001 |
| FL, GA, MD, NM, OH, PA, TX | 12-50% in 2004 |
| AR, KY, MD, MO, OH, OR, TX, VA | 13-61% in 2005 |

HHC92 - 1992 to 1999

| | |
|--|----------------|
| FL | 50% in 2001 |
| CA, GA, IA, IN, IL, MD, MI, MS, NE, NM, OH, PA, SD, TN, TX, WY | 10-50% in 2004 |
| CA, GA, IN, KY, MD, MO, MS, OH, SD, TX, UT | 13-35% in 2005 |

HHC94 - 1994 to 1999

| | |
|----------|--|
| CA | 15% in 1999, 30% in 2004 and 15% in 2006 |
|----------|--|

IL94 - 1995 to 2001

| | |
|--------------------------|------------------|
| AR, ID, MD, WI | 20-25% in 2001 |
| FL, ID, MD, OR, WI | 20-43.8% in 2003 |
| AR, MD, OR | 15-38% in 2005 |

IL2/6700 - 1998 to 2001

| | |
|--------------|--------------------------------|
| SC, WI | 15% in 2001 and 15-50% in 2003 |
| WI | 20% in 2007 |

IL3 - 1999 to 2001

| | |
|----------|-------------|
| CA | 30% in 2006 |
|----------|-------------|

IL4 - 2000 to Present

| | |
|----------|-------------|
| FL | 25% in 2004 |
|----------|-------------|

Questions Related to Your Income

How will you pay each year's premium?

From My Income From My Savings/Investments My Family Will Pay

Have you considered whether you could afford to keep this policy if the premiums went up, for example, by 20%?

What is your annual income? (check one)

Under \$10,000 \$10-20,000 \$20-30,000 \$30-50,000 Over \$50,000

How do you expect your income to change over the next 10 years? (check one)

No change Increase Decrease

If you will be paying premiums with money received only from your own income, a rule of thumb is that you may not be able to afford this policy if the premiums will be more than 7% of your income.

Will you buy inflation protection? (check one)

Yes No

If not, have you considered how you will pay for the difference between future costs and your daily benefit amount?

From My Income From My Saving/Investments My Family Will Pay

The national average annual cost of care in 2008 was more than \$76,000, but this figure varies across the country. In ten years, the national average annual cost would be about \$123,500 if costs increase 5% annually.

What deductible period are you considering?

Number of Days _____ . Approximate cost \$ _____ for that period of care.

How are you planning to pay for your care during the deductible period? (check one)

From My Income From My Savings/Investments My Family Will Pay

Questions Related to Your Savings and Investments

Not counting your home, about how much are all of your assets (savings and investments) worth? (check one)

Under \$20,000 \$20-30,000 \$30-50,000 Over \$50,000

How do you expect your assets to change over the next 10 years? (check one)

Stay about the Same Increase Decrease

If you are buying this policy to protect your assets and your total assets are less than \$30,000, you may wish to consider other options for financing your Long-Term Care.

Disclosure Statement

Please Check One

- The answers to the questions above describe my financial situation; **OR**
- I choose not to complete this information.

Please Check Box

I acknowledge that the carrier and/or its agent (below) has reviewed this form with me including the premium, premium rate increase history and potential for premium increases in the future. I understand the above disclosures. **I understand that the rates for this policy may increase in the future.** (This box must be checked.)

Signed: _____ (Applicant) _____ (Date)

- I explained to the applicant the importance of completing this information.

Signed: _____ (Agent) _____ (Date)

Agent's Printed Name: _____

My agent has advised me that this policy does not seem to be suitable for me. However, I still want the company to consider my application.

Signed: _____ (Applicant) _____ (Date)

The company may contact you to verify your answers.

SERFF Tracking Number: *PNNT-125671170* *State:* *Arkansas*
Filing Company: *Penn Treaty Network America Ins Co* *State Tracking Number:* *39143*
Company Tracking Number:
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.003 Other*
Product Name: *2008 Updated Personal Worksheets*
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

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Company Tracking Number:
TOI: LTC03I Individual Long Term Care
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State: Arkansas
State Tracking Number: 39143
Sub-TOI: LTC03I.003 Other

Supporting Document Schedules

| | |
|--|---|
| Satisfied -Name: Certification/Notice Comments: Attachment: AR Certification(2008 PWs).pdf | Review Status: 05/29/2008 |
| Bypassed -Name: Application Bypass Reason: N/A Comments: | Review Status: 05/29/2008 |
| Bypassed -Name: Health - Actuarial Justification Bypass Reason: N/A Comments: | Review Status: 05/29/2008 |
| Bypassed -Name: Outline of Coverage Bypass Reason: N/A Comments: | Review Status: 05/29/2008 |
| Satisfied -Name: Cover Letter Comments: Attachment: _AR_ Revised Personal Worksheets.pdf | Review Status: 05/29/2008 |

PENN TREATY NETWORK AMERICA INSURANCE COMPANY
3440 Lehigh Street
Allentown, PA 18103

TO: Commissioner of Insurance
Arkansas Insurance Department

CERTIFICATION OF COMPLIANCE

I hereby certify that to the best of my knowledge, information, and belief, that the filing submission meets the provisions of Rule & Regulation 19 as well as the requirements of this Department.

May 29, 2008

Date



Signature

Anita Small, Analyst/Product and Regulatory Compliance

Typed Name and Title

Certification (AR)



Penn Treaty Network America Insurance Company
(Penn Treaty Network America Life Insurance Company in CA)
American Network Insurance Company

May 29, 2008

Harris Shearer
Forms and Advertising Examiner
Life and Health Division
State of Arkansas
Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE: NAIC Number: 63282 / Penn Treaty Network America Insurance Company

SUBMISSION

Long Term Care Personal Worksheet for use with Comprehensive Policies, Form PF3-PW-P(4-08)
Long Term Care Personal Worksheet for use with Institutional Policies, Form ALP2-PW-P(4-08)
Long Term Care Personal Worksheet for use with Non-Institutional Policies, Form IL5-PW-P(4-08)

Dear Mr. Shearer:

The above captioned forms are being submitted for the Department's review and approval in accordance with the state's requirements for the use of Personal Worksheets. These forms were previously approved and have since been updated due to additional rate increase history information. The updated forms will replace form numbers PF3-PW-P(Rev2), ALP2-PW-P(Rev2), and IL5-PW-P(Rev2) approved on March 19, 2007.

Also provided are the required filing form and filing fees.

Our Company appreciates the Department's time and consideration. Should you have any questions, please do not hesitate to contact me directly.

Very truly yours,
PENN TREATY NETWORK AMERICA INSURANCE COMPANY

Anita Small, Analyst
Product and Regulatory Compliance
Phone: (800) 222-3469, Ext. 6645
Fax: (484) 232-6638
E-Mail: asmall@penn treaty.com

Enclosures

(AR) Updated Personal Worksheet Submission

3440 Lehigh Street • P.O. Box 7066 • Allentown, Pennsylvania 18103 • (800) 362-0700 • Fax (610) 967-4616