

SERFF Tracking Number: UNAM-125728933 State: Arkansas  
Filing Company: American Pioneer Life Insurance Company State Tracking Number: 39576  
Company Tracking Number: APL SEL 2008 AR  
TOI: MS04I Individual Medicare Supplement - Sub-TOI: MS04I.002 Plan B  
Medicare Select  
Product Name: Individual Medicare Select  
Project Name/Number: APL SEL 2008 AR/MS-603, AMSA-S-06

## Filing at a Glance

Company: American Pioneer Life Insurance Company

Product Name: Individual Medicare Select SERFF Tr Num: UNAM-125728933 State: ArkansasLH

TOI: MS04I Individual Medicare Supplement - Medicare Select SERFF Status: Closed State Tr Num: 39576

Medicare Select

Sub-TOI: MS04I.002 Plan B

Co Tr Num: APL SEL 2008 AR

State Status: Approved-Closed

Filing Type: Rate

Co Status:

Reviewer(s): Stephanie Fowler

Authors: Carmen Boyd, Trudi  
Goldenberg

Disposition Date: 08/05/2008

Date Submitted: 07/10/2008

Disposition Status: Approved

Implementation Date Requested: 09/01/2008

Implementation Date:

State Filing Description:

## General Information

Project Name: APL SEL 2008 AR

Status of Filing in Domicile: Pending

Project Number: MS-603, AMSA-S-06

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: 6.2%

Group Market Type:

Filing Status Changed: 08/05/2008

Deemer Date:

State Status Changed: 08/05/2008

Corresponding Filing Tracking Number: APL SEL 2008 AR

Filing Description:

Florida APL - American Pioneer Life Insurance Company

NAIC #60763 FEIN # 59-0935083

Request for Rate Revision –Individual Medicare Select

Forms: MS-603, et al; MS-604, et al; AMSA-S-06 AR (Plans B,C,D,F); AMSI-S-06 AR (Plans B,C,D,F)

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 Medicare Select  
 Product Name: Individual Medicare Select  
 Project Name/Number: APL SEL 2008 AR/MS-603, AMSA-S-06

American Pioneer Life Insurance Company is requesting the following increases on Medicare Select: 6% on Plan B, 6% on Plan C, 2% on Plan D, and 9% on Plan F (a composite of 7.7%)

## Company and Contact

### Filing Contact Information

Trudi Goldenberg, tgoldenberg@uafc.com  
 P.O. Box 958465 (407) 628-1776 [Phone]  
 Lake Mary, FL 32795-8465

### Filing Company Information

American Pioneer Life Insurance Company CoCode: 60763 State of Domicile: Florida  
 1001 Heathrow Park Lane Group Code: 953 Company Type:  
 Suite 5001  
 Lake Mary, FL 32746 Group Name: State ID Number:  
 (407) 995-8000 ext. [Phone] FEIN Number: 59-0935083  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$200.00  
 Retaliatory? No  
 Fee Explanation: \$50 PER PLAN FOR FOUR PLANS  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Pioneer Life Insurance Company	\$200.00	07/10/2008	21345893

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 Product Name: Individual Medicare Select  
 Project Name/Number: APL SEL 2008 AR/MS-603, AMSA-S-06

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Stephanie Fowler	08/05/2008	08/05/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	07/25/2008	07/25/2008	Trudi Goldenberg	07/29/2008	07/29/2008
Pending Industry Response	Stephanie Fowler	07/17/2008	07/17/2008	Trudi Goldenberg	07/18/2008	07/18/2008

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Rates and Rate History	Rate	Trudi Goldenberg	07/10/2008	07/10/2008
Health - Actuarial Justification	Supporting Document	Trudi Goldenberg	07/10/2008	07/10/2008

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 Product Name: Individual Medicare Select  
 Project Name/Number: APL SEL 2008 AR/MS-603, AMSA-S-06

## Disposition

Disposition Date: 08/05/2008

Implementation Date:

Status: Approved

Comment: Thank you for your patience during my review of this filing. We have approved the requested rate increases for Plans B (6%), C (6%), D (2%), and F (9%) to be implemented on or after September 1, 2008. This approval is subject to the following:

Increases will not be given more frequently than once in a twelve-month period.

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
American Pioneer Life Insurance Company	7.700%	\$35,392	203	\$459,636	9.000%	2.000%	7.700%

SERFF Tracking Number: UNAM-125728933 State: Arkansas  
 Filing Company: American Pioneer Life Insurance Company State Tracking Number: 39576  
 Company Tracking Number: APL SEL 2008 AR  
 TOI: MS041 Individual Medicare Supplement - Sub-TOI: MS041.002 Plan B  
 Medicare Select  
 Product Name: Individual Medicare Select  
 Project Name/Number: APL SEL 2008 AR/MS-603, AMSA-S-06

Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Health - Actuarial Justification	Approved	No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Nationwide Experience by Plan - Attained Age and Community Rated Business	Approved	No
Rate (revised)	Revised Rates	Approved	Yes
Rate	Rates and Rate History		Yes
Rate	Rates and Rate History		Yes

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Medicare Select  
Product Name: Individual Medicare Select  
Project Name/Number: APL SEL 2008 AR/MS-603, AMSA-S-06

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 07/25/2008  
Submitted Date 07/25/2008  
Respond By Date 08/25/2008

Dear Trudi Goldenberg,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Rates and Rate History (Rate)

Comment: Thank you for your quick response, however, the proposed rates that you supplied do not reflect the increases that are being requested. Please verify these rates.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 07/29/2008  
Submitted Date 07/29/2008

Dear Stephanie Fowler,

### Comments:

### Response 1

Comments: Thank you for letting us know about the problem with the rates. Please see the revisions attached below.

### Related Objection 1

Applies To:

- Rates and Rate History (Rate)

Comment:

Thank you for your quick response, however, the proposed rates that you supplied do not reflect the increases that are being requested. Please verify these rates.

SERFF Tracking Number: UNAM-125728933 State: Arkansas  
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Medicare Select  
Product Name: Individual Medicare Select  
Project Name/Number: APL SEL 2008 AR/MS-603, AMSA-S-06

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

**Rate/Rule Schedule Item Changes**

**Document Name: Affected Form Numbers: Rate Action: Rate Action Information: Attach Document:**

Revised Rates MS-604 et al,MS-603 et al, New  
AMSA-S-06, AMSI-S-06  
Previous State Filing Number  
Percent Rate Change Request  
0

**Previous Version**

Rates and Rate MS-604 et al,MS-603 et al, New  
History AMSA-S-06, AMSI-S-06  
Previous State Filing Number  
Percent Rate Change Request  
0

Rates and Rate MS-603 et al, MS-604 et al, New  
History AMSA-S-06, AMSI-S-06  
Previous State Filing Number  
Percent Rate Change Request  
0

Sincerely,  
Carmen Boyd, Trudi Goldenberg

SERFF Tracking Number: UNAM-125728933 State: Arkansas  
Filing Company: American Pioneer Life Insurance Company State Tracking Number: 39576  
Company Tracking Number: APL SEL 2008 AR  
TOI: MS04I Individual Medicare Supplement - Sub-TOI: MS04I.002 Plan B  
Medicare Select  
Product Name: Individual Medicare Select  
Project Name/Number: APL SEL 2008 AR/MS-603, AMSA-S-06

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 07/17/2008  
Submitted Date 07/17/2008  
Respond By Date 08/18/2008

Dear Trudi Goldenberg,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment: It is understood that the experience of Plans B and C were combined for credibility purposes, but this method is unacceptable and the experiences will need to be presented seperately.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 07/18/2008  
Submitted Date 07/18/2008

Dear Stephanie Fowler,

### Comments:

### Response 1

Comments: Somehow I missed pdf-ing this exhibit. Please see Nationwide Experience by Plan - Attained Age and Community Rated Business attachment under Add Schedule Item.

### Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

*SERFF Tracking Number:* UNAM-125728933      *State:* Arkansas  
*Filing Company:* American Pioneer Life Insurance Company      *State Tracking Number:* 39576  
*Company Tracking Number:* APL SEL 2008 AR  
*TOI:* MS041 Individual Medicare Supplement -      *Sub-TOI:* MS041.002 Plan B  
Medicare Select  
*Product Name:* Individual Medicare Select  
*Project Name/Number:* APL SEL 2008 AR/MS-603, AMSA-S-06

It is understood that the experience of Plans B and C were combined for credibility purposes, but this method is unacceptable and the experiences will need to be presented separately.

**Changed Items:**

**Supporting Document Schedule Item Changes**

Satisfied -Name: Nationwide Experience by Plan - Attained Age and Community Rated Business

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Carmen Boyd, Trudi Goldenberg

SERFF Tracking Number: UNAM-125728933 State: Arkansas  
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 Product Name: Individual Medicare Select  
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**Amendment Letter**

Amendment Date:  
 Submitted Date: 07/10/2008

**Comments:**

Please see the replacement exhibits below for Arkansas Select Rates and History, as well as the Actuarial Memorandum and Exhibits. Standard plan exhibits were inadvertently attached.

**Changed Items:**

**Rate/Rule Schedule Item Changes:**

Document Name:	Affected Form Numbers: (Comma Separated list)	Rate Action:	Rate Action Information:	Attach Document:
Rates and Rate History	MS-604 et al, MS-603 et al, AMSA-S-06, AMSI-S-06	New		AR Select Rates.pdf
AR Select Hist.pdf	AR Select Rates.pdf AR Select Hist.pdf			

**Supporting Document Schedule Item Changes:**

**Satisfied -Name: Health - Actuarial Justification**

Comment: Actuarial Justification  
 Exhibit C: Historical and Projected Future Experience  
 Exhibit D: Inforce summary as of 3/31/2008, by plan and state  
 Experience by Plan  
 AR Experience by Plan

Act Memo.pdf

SERFF Tracking Number: UNAM-125728933 State: Arkansas  
 Filing Company: American Pioneer Life Insurance Company State Tracking Number: 39576  
 Company Tracking Number: APL SEL 2008 AR  
 TOI: MS041 Individual Medicare Supplement - Medicare Select Sub-TOI: MS041.002 Plan B  
 Product Name: Individual Medicare Select  
 Project Name/Number: APL SEL 2008 AR/MS-603, AMSA-S-06

**Rate Information**

Rate data applies to filing.

**Filing Method:** SERFF  
**Rate Change Type:** Increase  
**Overall Percentage of Last Rate Revision:** 8.500%  
**Effective Date of Last Rate Revision:** 09/01/2007  
**Filing Method of Last Filing:** PAPER

**Company Rate Information**

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
American Pioneer Life Insurance Company	7.700%	7.700%	\$35,392	203	\$459,636	9.000%	2.000%

SERFF Tracking Number: UNAM-125728933 State: Arkansas  
 Filing Company: American Pioneer Life Insurance Company State Tracking Number: 39576  
 Company Tracking Number: APL SEL 2008 AR  
 TOI: MS041 Individual Medicare Supplement - Sub-TOI: MS041.002 Plan B  
 Medicare Select  
 Product Name: Individual Medicare Select  
 Project Name/Number: APL SEL 2008 AR/MS-603, AMSA-S-06

## Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved	Revised Rates	MS-604 et al, MS-603 et al, AMSA-S-06, AMSI-S-06	New		AR Select Rates.pdf

**American Pioneer Life Insurance Company**  
**Medicare Standardized Plans**  
**Current Rates**  
**2007 Annual Premiums For Area Factor = 1.00**

	Annual		Semi-Annual		Quarterly		Monthly - Direct		Monthly - PAC	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Select Plan B	1,997.52	2,345.41	1,048.70	1,231.34	529.34	621.53	179.78	211.09	166.46	195.45
Select Plan C	2,492.60	2,928.42	1,308.62	1,537.42	660.54	776.03	224.33	263.56	207.72	244.03
Select Plan D	2,140.88	2,517.45	1,123.96	1,321.66	567.33	667.12	192.68	226.57	178.41	209.79
Select Plan F	2,672.03	3,139.54	1,402.82	1,648.26	708.09	831.98	240.48	282.56	222.67	261.63

Mode Factors:

Annual = 1.0  
Semi-Annual = .525  
Quarterly = .265  
Monthly Direct = .09  
PAC = .083333

Arkansas Area Factors by 3 Digit Zip Code

722, 723.....	1.00
719.....	0.85
Rest of State.....	0.80

**2007 Annual Premiums For Area Factor = .85**

	Annual		Semi-Annual		Quarterly		Monthly - Direct		Monthly - PAC	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Select Plan B	1,697.89	1,993.60	891.39	1,046.64	449.94	528.30	152.81	179.42	141.49	166.13
Select Plan C	2,118.71	2,489.16	1,112.32	1,306.81	561.46	659.63	190.68	224.02	176.56	207.43
Select Plan D	1,819.75	2,139.83	955.37	1,123.41	482.23	567.06	163.78	192.58	151.65	178.32
Select Plan F	2,271.23	2,668.61	1,192.39	1,401.02	601.87	707.18	204.41	240.17	189.27	222.38

**2007 Annual Premiums For Area Factor = .80**

	Annual		Semi-Annual		Quarterly		Monthly - Direct		Monthly - PAC	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Select Plan B	1,598.02	1,876.33	838.96	985.07	423.47	497.23	143.82	168.87	133.17	156.36
Select Plan C	1,994.08	2,342.74	1,046.89	1,229.94	528.43	620.83	179.47	210.85	166.17	195.23
Select Plan D	1,712.70	2,013.96	899.17	1,057.33	453.87	533.70	154.14	181.26	142.73	167.83
Select Plan F	2,137.62	2,511.63	1,122.25	1,318.61	566.47	665.58	192.39	226.05	178.14	209.30

**American Pioneer Life Insurance Company  
Medicare Standardized Plans  
Requested Rates**

**2008 Annual Premiums For Area Factor = 1.00**

	Annual		Semi-Annual		Quarterly		Monthly - Direct		Monthly - PAC	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Select Plan B	2,117.27	2,486.02	1,111.57	1,305.16	561.08	658.80	190.55	223.74	176.44	207.17
Select Plan C	2,642.03	3,103.99	1,387.07	1,629.59	700.14	822.56	237.78	279.36	220.17	258.66
Select Plan D	2,183.66	2,567.75	1,146.42	1,348.07	578.67	680.45	196.53	231.10	181.97	213.98
Select Plan F	2,912.59	3,422.18	1,529.11	1,796.64	771.84	906.88	262.13	308.00	242.71	285.18

Mode Factors:

Annual = 1.0  
Semi-Annual = .525  
Quarterly = .265  
Monthly Direct = .09  
PAC = .083333

Arkansas Area Factors by 3 Digit Zip Code

722, 723.....	1.00
719.....	0.85
Rest of State.....	0.80

**2008 Annual Premiums For Area Factor = .85**

	Annual		Semi-Annual		Quarterly		Monthly - Direct		Monthly - PAC	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Select Plan B	1,799.68	2,113.12	944.83	1,109.39	476.92	559.98	161.97	190.18	149.97	176.09
Select Plan C	2,245.73	2,638.39	1,179.01	1,385.16	595.12	699.17	202.12	237.46	187.14	219.87
Select Plan D	1,856.11	2,182.59	974.46	1,145.86	491.87	578.39	167.05	196.43	154.68	181.88
Select Plan F	2,475.70	2,908.85	1,299.74	1,527.15	656.06	770.85	222.81	261.80	206.31	242.40

**2008 Annual Premiums For Area Factor = .80**

	Annual		Semi-Annual		Quarterly		Monthly - Direct		Monthly - PAC	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Select Plan B	1,693.82	1,988.82	889.25	1,044.13	448.86	527.04	152.44	178.99	141.15	165.73
Select Plan C	2,113.62	2,483.19	1,109.65	1,303.68	560.11	658.05	190.23	223.49	176.13	206.93
Select Plan D	1,746.93	2,054.20	917.14	1,078.46	462.94	544.36	157.22	184.88	145.58	171.18
Select Plan F	2,330.07	2,737.74	1,223.29	1,437.32	617.47	725.50	209.71	246.40	194.17	228.14

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 Medicare Select  
 Product Name: Individual Medicare Select  
 Project Name/Number: APL SEL 2008 AR/MS-603, AMSA-S-06

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
07/10/2008	Rate and Rule	Rates and Rate History	07/10/2008	AR Select Rates.pdf AR Select Hist.pdf
No original date	Rate and Rule	Rates and Rate History	07/10/2008	AR Rates.pdf AR Hist.pdf

**American Pioneer Life Insurance Company  
Medicare Select Plans  
Current Rates**

**2007 Annual Premiums For Area Factor = 1.00**

	Annual		Semi-Annual		Quarterly		Monthly - Direct		Monthly - PAC	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Select Plan B	2,089.48	2,453.39	1,096.98	1,288.03	553.71	650.15	188.05	220.80	174.12	204.45
Select Plan C	2,607.35	3,063.23	1,368.86	1,608.20	690.95	811.76	234.66	275.69	217.28	255.27
Select Plan D	2,239.44	2,633.34	1,175.71	1,382.50	593.45	697.84	201.55	237.00	186.62	219.44
Select Plan F	2,795.25	3,284.31	1,467.50	1,724.26	740.74	870.34	251.57	295.59	232.94	273.69

Mode Factors:

Annual = 1.0  
Semi-Annual = 5.25  
Quarterly = .265  
Monthly Direct = .09  
PAC = .083333

Arkansas Area Factors by 3 Digit Zip Code

722, 723.....	1.00
719.....	0.85
Rest of State.....	0.80

**2007 Annual Premiums For Area Factor = .85**

	Annual		Semi-Annual		Quarterly		Monthly - Direct		Monthly - PAC	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Select Plan B	1,776.06	2,085.38	932.43	1,094.82	470.66	552.63	159.85	187.68	148.00	173.78
Select Plan C	2,216.25	2,603.75	1,163.53	1,366.97	587.31	689.99	199.46	234.34	184.69	216.98
Select Plan D	1,903.52	2,238.34	999.35	1,175.13	504.43	593.16	171.32	201.45	158.63	186.53
Select Plan F	2,375.96	2,791.66	1,247.38	1,465.62	629.63	739.79	213.84	251.25	198.00	232.64

**2007 Annual Premiums For Area Factor = .80**

	Annual		Semi-Annual		Quarterly		Monthly - Direct		Monthly - PAC	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Select Plan B	1,671.58	1,962.71	877.58	1,030.42	442.97	520.12	150.44	176.64	139.30	163.56
Select Plan C	2,085.88	2,450.59	1,095.09	1,286.56	552.76	649.41	187.73	220.55	173.82	204.21
Select Plan D	1,791.55	2,106.67	940.56	1,106.00	474.76	558.27	161.24	189.60	149.30	175.56
Select Plan F	2,236.20	2,627.45	1,174.00	1,379.41	592.59	696.27	201.26	236.47	186.35	218.95

**American Pioneer Life Insurance Company**  
**Medicare Select Plans**  
**Requested Rates**  
**2008 Annual Premiums For Area Factor = 1.00**

	Annual		Semi-Annual		Quarterly		Monthly - Direct		Monthly - PAC	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Select Plan B	2,127.10	2,497.56	1,116.73	1,311.22	563.68	661.85	191.44	224.78	177.26	208.13
Select Plan C	2,654.29	3,118.39	1,393.50	1,637.15	703.39	826.37	238.89	280.66	221.19	259.86
Select Plan D	2,193.74	2,579.61	1,151.71	1,354.30	581.34	683.60	197.44	232.16	182.81	214.97
Select Plan F	2,925.97	3,437.91	1,536.13	1,804.90	775.38	911.05	263.34	309.41	243.83	286.49

Mode Factors:

Annual = 1.0  
Semi-Annual = 5.25  
Quarterly = .265  
Monthly Direct = .09  
PAC = .083333

Arkansas Area Factors by 3 Digit Zip Code

722, 723.....	1.00
719.....	0.85
Rest of State.....	0.80

**2008 Annual Premiums For Area Factor = .85**

	Annual		Semi-Annual		Quarterly		Monthly - Direct		Monthly - PAC	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Select Plan B	1,808.04	2,122.93	949.22	1,114.54	479.13	562.58	162.72	191.06	150.67	176.91
Select Plan C	2,256.15	2,650.63	1,184.48	1,391.58	597.88	702.42	203.05	238.56	188.01	220.89
Select Plan D	1,864.68	2,192.67	978.96	1,151.15	494.14	581.06	167.82	197.34	155.39	182.72
Select Plan F	2,487.07	2,922.22	1,305.71	1,534.17	659.07	774.39	223.84	263.00	207.26	243.52

**2008 Annual Premiums For Area Factor = .80**

	Annual		Semi-Annual		Quarterly		Monthly - Direct		Monthly - PAC	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Select Plan B	1,701.68	1,998.05	893.38	1,048.98	450.95	529.48	153.15	179.82	141.81	166.50
Select Plan C	2,123.43	2,494.71	1,114.80	1,309.72	562.71	661.10	191.11	224.52	176.95	207.89
Select Plan D	1,754.99	2,063.69	921.37	1,083.44	465.07	546.88	157.95	185.73	146.25	171.97
Select Plan F	2,340.78	2,750.33	1,228.91	1,443.92	620.31	728.84	210.67	247.53	195.06	229.19

**American Pioneer Life Insurance Company**  
**Actuarial Justification for A&H Rate Increase**  
**Individual Medicare Supplement Standardized & Select Plans**  
**Exhibit B - Rate Increase History - Arkansas**

<b>Med Select</b>		
<b>Plan(s)</b>	<b>Approved Rate Increase</b>	<b>Effective Date</b>
B, C, D, F	8.5%	4/1/2002
B, C, D, F	9.0%	4/1/2003
B, C, D, F	9.0%	5/1/2004
B, C, D, F	16.5%	6/1/2005
B, C, D, F	19.5%	6/1/2006
B, C, D	7.0%	9/1/2007
F	9.5%	9/1/2007

**American Pioneer Life Insurance Company  
Medicare Standardized Plans  
Current Rates**

**2007 Annual Premiums For Area Factor = 1.00**

	Annual		Semi-Annual		Quarterly		Monthly - Direct		Monthly - PAC	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Standardized Plan A	2,278.26	2,677.46	1,196.09	1,405.67	603.74	709.53	205.04	240.97	189.85	223.12
Standardized Plan B	3,279.11	3,852.25	1,721.53	2,022.43	868.96	1,020.85	295.12	346.70	273.26	321.02
Standardized Plan C	3,895.01	4,576.51	2,044.88	2,402.67	1,032.18	1,212.77	350.55	411.89	324.58	381.37
Standardized Plan D	3,447.34	4,051.85	1,809.85	2,127.22	913.54	1,073.74	310.26	364.67	287.28	337.65
Standardized Plan F	4,046.13	4,753.29	2,124.22	2,495.48	1,072.22	1,259.62	364.15	427.80	337.18	396.11

Mode Factors:

Annual = 1.0  
Semi-Annual = 5.25  
Quarterly = .265  
Monthly Direct = .09  
PAC = .083333

Arkansas Area Factors by 3 Digit Zip Code

722, 723.....	1.00
719.....	0.85
Rest of State.....	0.80

**2007 Annual Premiums For Area Factor = .85**

	Annual		Semi-Annual		Quarterly		Monthly - Direct		Monthly - PAC	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Standardized Plan A	1,936.52	2,275.84	1,016.67	1,194.82	513.18	603.10	174.29	204.83	161.38	189.65
Standardized Plan B	2,787.24	3,274.41	1,463.30	1,719.07	738.62	867.72	250.85	294.70	232.27	272.87
Standardized Plan C	3,310.76	3,890.03	1,738.15	2,042.27	877.35	1,030.86	297.97	350.10	275.90	324.17
Standardized Plan D	2,930.24	3,444.07	1,538.37	1,808.14	776.51	912.68	263.72	309.97	244.19	287.00
Standardized Plan F	3,439.21	4,040.29	1,805.59	2,121.15	911.39	1,070.68	309.53	363.63	286.60	336.69

**2007 Annual Premiums For Area Factor = .80**

	Annual		Semi-Annual		Quarterly		Monthly - Direct		Monthly - PAC	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Standardized Plan A	1,822.61	2,141.97	956.87	1,124.53	482.99	567.62	164.03	192.78	151.88	178.50
Standardized Plan B	2,623.29	3,081.80	1,377.23	1,617.94	695.17	816.68	236.10	277.36	218.61	256.82
Standardized Plan C	3,116.01	3,661.21	1,635.90	1,922.13	825.74	970.22	280.44	329.51	259.67	305.10
Standardized Plan D	2,757.87	3,241.48	1,447.88	1,701.78	730.84	858.99	248.21	291.73	229.82	270.12
Standardized Plan F	3,236.90	3,802.63	1,699.37	1,996.38	857.78	1,007.70	291.32	342.24	269.74	316.88

**American Pioneer Life Insurance Company**  
**Medicare Standardized Plans**  
**Requested Rates**

**2008 Annual Premiums For Area Factor = 1.00**

	Annual		Semi-Annual		Quarterly		Monthly - Direct		Monthly - PAC	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Standardized Plan A	2,483.29	2,918.41	1,303.73	1,532.17	658.07	773.38	223.50	262.66	206.94	243.20
Standardized Plan B	3,574.20	4,198.91	1,876.46	2,204.43	947.16	1,112.71	321.68	377.90	297.85	349.91
Standardized Plan C	4,537.71	5,331.66	2,382.30	2,799.12	1,202.49	1,412.89	408.39	479.85	378.14	444.30
Standardized Plan D	3,636.91	4,274.66	1,909.38	2,244.20	963.78	1,132.78	327.32	384.72	303.07	356.22
Standardized Plan F	4,329.36	5,086.02	2,272.91	2,670.16	1,147.28	1,347.80	389.64	457.74	360.78	423.83

Mode Factors:

Annual = 1.0  
Semi-Annual = 5.25  
Quarterly = .265  
Monthly Direct = .09  
PAC = .083333

Arkansas Area Factors by 3 Digit Zip Code

722, 723.....	1.00
719.....	0.85
Rest of State.....	0.80

**2008 Annual Premiums For Area Factor = .85**

	Annual		Semi-Annual		Quarterly		Monthly - Direct		Monthly - PAC	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Standardized Plan A	2,110.80	2,480.65	1,108.17	1,302.34	559.36	657.37	189.97	223.26	175.90	206.72
Standardized Plan B	3,038.07	3,569.07	1,594.99	1,873.76	805.09	945.80	273.43	321.22	253.17	297.42
Standardized Plan C	3,857.05	4,531.91	2,024.95	2,379.25	1,022.12	1,200.96	347.13	407.87	321.42	377.66
Standardized Plan D	3,091.37	3,633.46	1,622.97	1,907.57	819.21	962.87	278.22	327.01	257.61	302.79
Standardized Plan F	3,679.96	4,323.12	1,931.98	2,269.64	975.19	1,145.63	331.20	389.08	306.66	360.26

**2008 Annual Premiums For Area Factor = .80**

	Annual		Semi-Annual		Quarterly		Monthly - Direct		Monthly - PAC	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Standardized Plan A	1,986.63	2,334.73	1,042.98	1,225.73	526.46	618.70	178.80	210.13	165.55	194.56
Standardized Plan B	2,859.36	3,359.13	1,501.16	1,763.54	757.73	890.17	257.34	302.32	238.28	279.93
Standardized Plan C	3,630.17	4,265.33	1,905.84	2,239.30	961.99	1,130.31	326.72	383.88	302.51	355.44
Standardized Plan D	2,909.53	3,419.73	1,527.50	1,795.36	771.02	906.23	261.86	307.78	242.46	284.98
Standardized Plan F	3,463.49	4,068.82	1,818.33	2,136.13	917.82	1,078.24	311.71	366.19	288.62	339.07

**American Pioneer Life Insurance Company**  
**Actuarial Justification for A&H Rate Increase**  
**Individual Medicare Supplement Standardized & Select Plans**  
**Exhibit B - Rate Increase History - Arkansas**

<b>Standard Med Supp</b>		
<b>Plan(s)</b>	<b>Approved Rate Increase</b>	<b>Effective Date</b>
A,B,C,D,F	18.0%	4/1/2001
A,B,C,D,F	15.0%	4/1/2002
A,B,C,D,F	13.5%	4/1/2003
A,B,C,D,F	9.0%	5/1/2004
A,B,C,D,F	16.5%	6/1/2005
A,B,C,D,F	19.5%	6/15/2006
A,B,C,D,F	22.0%	8/15/2007