

SERFF Tracking Number: UNAM-126354403 State: Arkansas  
Filing Company: American Pioneer Life Insurance Company State Tracking Number: 43878  
Company Tracking Number:  
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other  
Product Name: 3RD QUARTER HOSPITAL NETWORK 2009  
Project Name/Number: /

## Filing at a Glance

Company: American Pioneer Life Insurance Company

Product Name: 3RD QUARTER HOSPITAL NETWORK 2009 SERFF Tr Num: UNAM-126354403 State: Arkansas

TOI: MS06 Medicare Supplement - Other SERFF Status: Closed-Accepted State Tr Num: 43878  
For Informational Purposes

Sub-TOI: MS06.000 Medicare Supplement - Other Co Tr Num: State Status: Filed-Closed  
Other

Filing Type: Advertisement

Author: Alicia Phillips-Guiler

Date Submitted: 10/22/2009

Reviewer(s): Stephanie Fowler

Disposition Date: 10/27/2009

Disposition Status: Accepted For Informational Purposes

Implementation Date:

Implementation Date Requested:

State Filing Description:

## General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/27/2009

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 10/27/2009

Created By: Alicia Phillips-Guiler

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Alicia Phillips-Guiler

Filing Description:

Dear Sir or Madam:

In compliance with Arkansas Regulation 27 s. 10, please find an updated list of hospital network providers for our Medicare Supplement Select Plans, approved by the Department on November 29, 2005.

There are no changes to report for this quarter's report.

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If you require further information, please contact me at 407-995-8000, ext. 8334 or aguiler@uafc.com

Sincerely,

Alicia P. Guiler  
 Senior Compliance Analyst

## Company and Contact

### Filing Contact Information

Alicia Guiler, AGuiler@uafc.com  
 P.O. Box 958465 407-628-1776 [Phone] 8334 [Ext]  
 Lake Mary, FL 32795-8465 407-628-9021 [FAX]

### 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	Group Name:	State ID Number:
Lake Mary, FL 32746	FEIN Number: 59-0935083	
(407) 995-8000 ext. [Phone]		

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Pioneer Life Insurance Company	\$0.00	10/22/2009	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	10/27/2009	10/27/2009

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## **Disposition**

Disposition Date: 10/27/2009

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	3rd Quarter Hospital Network 2009	Accepted for Informational Purposes	Yes

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b> 3rd Quarter Hospital Network 2009	Accepted for Informational Purposes	<b>Date:</b> 10/27/2009
<b>Comments:</b>		
<b>Attachment:</b>		
AR - 3RD QTRNTWK 09 - APL.pdf		



PO Box 958465, Lake Mary, FL 32795-8465  
ph: 407 628 1776 fax: 407 628 3679  
toll-free: 800 538 1053  
[www.americanpioneerlife.com](http://www.americanpioneerlife.com)

October 21, 2009

Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201

Re: INFORMATIONAL Filing  
American Pioneer Life Insurance Company (in AR d/b/a Florida American Pioneer  
Life Insurance Company)  
Medicare Supplement Select Insurance  
Form# AMSI-S-06-PLAN B AR et al.  
List of Hospital Network Providers – 3rd Qtr. 2009  
NAIC# 60763

Dear Sir or Madam:

In compliance with Arkansas Regulation 27 s. 10, please find an updated list of hospital network providers for our Medicare Supplement Select Plans, approved by the Department on November 29, 2005.

There are no changes to report for this quarter's report.

If you require further information, please contact me at 407-995-8000, ext. 8334 or [aguiler@uafc.com](mailto:aguiler@uafc.com)

Sincerely,

A handwritten signature in cursive script that reads "Alicia P. Guiler".

Alicia P. Guiler  
Senior Compliance Analyst

**FLORIDA AMERICAN PIONEER LIFE INSURANCE COMPANY**

**MEDICARE SUPPLEMENT SELECT  
NETWORK PROVIDER HOSPITAL DIRECTORY**

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**ARKANSAS HOSPITAL NETWORK**

As of 05/19/2008

**CRAWFORD**

**Crawford Memorial Hospital**

E. Main & South 20th Streets  
Van Buren, AR 72957  
(479) 474-3401

**GARLAND**

**National Park Medical Center**

1910 Malvern Avenue  
Hot Springs, AR 71901  
(501) 321-1000

**PULASKI**

**St Vincent's Doctors Hospital**

6101 St Vincent Circle  
Little Rock, AR 72205  
(501) 552-6000

**St Vincent's Infirmary Medical Center**

2 St. Vincent Circle  
Little Rock, AR 72209  
(501) 552-3000

**St Vincent's Medical Center North**

2215 Wildwood Ave.  
Sherwood, AR 72120  
(501) 552-7100

**WHITE**

**Central Arkansas Hospital**

1200 S. Main St.  
Searcy, AR 72143  
(501) 278-3100

NOTE: An updated Network Provider Hospital Directory is provided with the policy.  
To verify current hospital participation call (toll free) 800-999-2224.