

SERFF Tracking Number: PNTX-126175320 State: Arkansas
Filing Company: American Network Insurance Company State Tracking Number: 42568
Company Tracking Number: LTCAR0007930F01
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: 09 Rep- 2009 Reports
Project Name/Number: 09 Rep- 2009 Reports/LTCAR0007930F01

Filing at a Glance

Company: American Network Insurance Company

Product Name: 09 Rep- 2009 Reports SERFF Tr Num: PNTX-126175320 State: ArkansasLH
TOI: LTC06 Long Term Care - Other SERFF Status: Closed State Tr Num: 42568
Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: LTCAR0007930F01 State Status: Pending Fees
Filing Type: Form Co Status: Reviewer(s): Marie Bennett
Author: SPI PennTreatyNetwork Disposition Date: 06/17/2009
Date Submitted: 06/03/2009 Disposition Status: Filed
Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: 09 Rep- 2009 Reports Status of Filing in Domicile: Pending
Project Number: LTCAR0007930F01 Date Approved in Domicile:
Requested Filing Mode: Informational Domicile Status Comments:
Explanation for Combination/Other: Market Type:
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 06/17/2009 Explanation for Other Group Market Type:
State Status Changed: 06/03/2009
Deemer Date: Corresponding Filing Tracking Number:
Filing Description:
Dear Commissioner:

As required by your Long Term Care insurance regulations, attached you will find a copy of our Long Term Care Lapse and Replacement report. Note that there is no agent sales data to report.

If you have any questions or need additional information, please feel free to contact me at 800-222-3469 e. 6150.

Sincerely,

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Kevin Carney

Company and Contact

Filing Contact Information

Kevin Carney, Senior Analyst kcarney@penntreaty.com
 3440 Lehigh St (610) 965-2222 [Phone]
 Allentown, PA 18103 (484) 232-6638[FAX]

Filing Company Information

American Network Insurance Company	CoCode: 81078	State of Domicile: Pennsylvania
3440 Lehigh Street	Group Code: 810	Company Type:
Allentown, PA 18103	Group Name: Penn Treaty	State ID Number:
(610) 965-2222 ext. [Phone]	FEIN Number: 03-0211497	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Network Insurance Company	\$0.00	06/03/2009	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	06/17/2009	06/17/2009

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Disposition

Disposition Date: 06/17/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Submission Report-ANIC		Yes

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Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>PNTX-126175320</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Network Insurance Company</i>	<i>State Tracking Number:</i>	<i>42568</i>
<i>Company Tracking Number:</i>	<i>LTCAR0007930F01</i>		
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>09 Rep- 2009 Reports</i>		
<i>Project Name/Number:</i>	<i>09 Rep- 2009 Reports/LTCAR0007930F01</i>		

Supporting Document Schedules

Bypassed -Name:	Flesch Certification	Review Status:	06/03/2009
Bypass Reason:	Not required with this filing.		
Comments:			

Bypassed -Name:	Application	Review Status:	06/03/2009
Bypass Reason:	Not required with this filing.		
Comments:			

Bypassed -Name:	Health - Actuarial Justification	Review Status:	06/03/2009
Bypass Reason:	Not required with this filing.		
Comments:			

Bypassed -Name:	Outline of Coverage	Review Status:	06/03/2009
Bypass Reason:	Not required with this filing.		
Comments:			

Satisfied -Name:	Submission Report-ANIC	Review Status:	06/03/2009
Comments:	Lapse and Replacement Report		
Attachment:	Submission Report-ANIC.PDF		

Long-Term Care Insurance
Replacement and Lapse Reporting Form

State: **ARKANSAS**

Company Name: **ANIC**

Company Address: 3440 Lehigh Street
Allentown, PA 18103

Contact Person: Kevin Carney

Reporting Year: **2008**

Due: **Annually June 30th**

Company NAIC Number: **81078**

Phone Number: (800) 222-3469 Ext. 6150

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 the 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 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
NO DATA TO REPORT	NO DATA TO REPORT	NO DATA TO REPORT	NO DATA TO REPORT

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
NO DATA TO REPORT	NO DATA TO REPORT	NO DATA TO REPORT	NO DATA TO REPORT

Percentage of Replacement Policies sold to Total Annual Sales: **0.00%**

Percentage of Replacement Policies sold to Policies Inforce: **0.00%**

Percentage of Lapsed Policies sold to Total Annual Sales: **0.00%**

Percentage of Lapsed Policies sold to Policies Inforce: **0.00%**