

SERFF Tracking Number: UNAM-126198730 State: Arkansas
 Filing Company: American Pioneer Life Insurance Company State Tracking Number: 42719
 Company Tracking Number: FNL STD 2009 AR
 TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.003 Plan C
 Standard Plans
 Product Name: Individual Standard Medicare Supplement
 Project Name/Number: /

Filing at a Glance

Company: American Pioneer Life Insurance Company

Product Name: Individual Standard Medicare Supplement SERFF Tr Num: UNAM-126198730 State: ArkansasLH

TOI: MS051 Individual Medicare Supplement - Standard Plans SERFF Status: Closed State Tr Num: 42719

Sub-TOI: MS051.003 Plan C

Filing Type: Rate

Co Tr Num: FNL STD 2009 AR

Co Status:

Authors: Carmen Boyd, Trudi Goldenberg

Date Submitted: 06/22/2009

State Status: Approved-Closed

Reviewer(s): Stephanie Fowler

Disposition Date: 07/21/2009

Disposition Status: Approved-Closed

Implementation Date Requested: 11/15/2009

Implementation Date: 11/15/2009

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 7%

Filing Status Changed: 07/21/2009

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 06/22/2009

Domicile Status Comments: FLORIDA

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 07/21/2009

Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

American Pioneer Life Insurance Company

NAIC #60763

7% Rate Increase Request for Individual Standard Medicare Supplement

(First National Life Insurance Company block)

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Form(s): MS-92 C & F

Company and Contact

Filing Contact Information

Carmen Boyd, cboyd@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

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Med Supp closed block filing fee
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---|---------|----------------|---------------|
| American Pioneer Life Insurance Company | \$50.00 | 06/22/2009 | 28715110 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------------|------------|----------------|
| Approved-Closed | Stephanie Fowler | 07/21/2009 | 07/21/2009 |

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Disposition

Disposition Date: 07/21/2009

Implementation Date: 11/15/2009

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after November 15, 2009. This approval is subject to the following:

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

| Company Name: | Overall % Indicated Change: | Overall % Rate Impact: | Written Premium Change for this Program: | # of Policy Holders Affected for this Program: | Written Premium for this Program: | Maximum % Change (where required): | Minimum % Change (where required): |
|--|-----------------------------------|---------------------------|--|---|---|--|--|
| American Pioneer Life Insurance Company | 7.000% | 7.000% | \$630 | 2 | \$9,006 | 7.000% | 7.000% |

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Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 9.500%
Effective Date of Last Rate Revision: 11/15/2008
Filing Method of Last Filing: SERFF

Company Rate Information

| Company Name: | Overall % Indicated Change: | Overall % Rate Impact: | Written Premium Change for this Program: | # of Policy Holders Affected for this Program: | Written Premium for this Program: | Maximum % Change (where required): | Minimum % Change (where required): |
|---|-----------------------------|------------------------|--|--|-----------------------------------|------------------------------------|------------------------------------|
| American Pioneer Life Insurance Company | 7.000% | 7.000% | \$630 | 2 | \$9,006 | 7.000% | 7.000% |

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Rate/Rule Schedule

| Review Status: | Document Name: | Affected Form Numbers: (Separated with commas) | Rate Action: | Rate Action Information: | Attachments |
|----------------|---------------------------|---|--------------|--------------------------|--------------|
| Approved | Current & Requested Rates | MS-92 C & F | New | | AR Rates.pdf |

American Pioneer Life Insurance Company

Actuarial Justification for A&H Individual Medicare Supplement
FNL Individual Medicare Supplement Forms MS-92, et al

Exhibit A -- Current and Requested Premium Rates

Arkansas

| <u>Std Plan</u> | <u>Policy #</u> | <u>Current</u> <u>Annualized</u> <u>Premium</u> | <u>% Increase</u> | <u>Proposed</u> <u>Annualized</u> <u>Premium</u> | <u>Proposed</u> <u>Monthly</u> <u>Premium</u> |
|-----------------|-----------------|---|-------------------|--|---|
| MS-92 C | 18037782 | 4,176 | 7.0% | 4,468 | 372.36 |
| MS-92 F | 18031872 | 4,830 | 7.0% | 5,168 | 430.68 |