

SERFF Tracking Number: PNTX-126533666 State: Arkansas  
Filing Company: American Network Insurance Company State Tracking Number: 45143  
Company Tracking Number: LTCAR0022530F01  
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other  
Product Name: 10 Rep- 2010 Reports  
Project Name/Number: 10 Rep- 2010 Reports/LTCAR0022530F01

## Filing at a Glance

Company: American Network Insurance Company

Product Name: 10 Rep- 2010 Reports SERFF Tr Num: PNTX-126533666 State: Arkansas  
TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Filed State Tr Num: 45143  
Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: LTCAR0022530F01 State Status: Closed  
Filing Type: Form Reviewer(s): Harris Shearer  
Author: SPI PennTreatyNetwork Disposition Date: 04/01/2010  
Date Submitted: 03/09/2010 Disposition Status: Filed  
Implementation Date Requested: Implementation Date:

State Filing Description:

## General Information

Project Name: 10 Rep- 2010 Reports Status of Filing in Domicile: Pending  
Project Number: LTCAR0022530F01 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: 04/01/2010 Explanation for Other Group Market Type:  
State Status Changed: 04/01/2010  
Deemer Date: Created By: SPI PennTreatyNetwork  
Submitted By: SPI PennTreatyNetwork Corresponding Filing Tracking Number:  
Filing Description:  
RE: NAIC Number: 81078/American Network Insurance Company  
AR-Reporting Requirements for Suitability-2009

Dear Commissioner:

According to your long-term care insurance regulation, we are required to provide you with a copy of an annual suitability report which includes the following information:

- " The total # of applications received from residents of Arkansas.
- " The total # of those who declined to provide information on the personal worksheets.
- " The total # of applicants who did not meet the suitability standards.

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" The total # of those who chose to confirm after receiving a suitability letter.

As you may be aware, our company ceased marketing and selling long-term care insurance on October 3rd 2008. Thereafter, the Commonwealth Court of Pennsylvania ordered our company into "Rehabilitation" on January 6th, 2009. The court assigned the Insurance Commissioner of Pennsylvania, Joel Ario, as the court appointed "rehabilitator". Since his appointment, he has been responsible for the overall operations of the company.

As a result, of the company's current status, there is no suitability information to report. Therefore, we trust that this letter will satisfy the department's requirement. If you have any questions or need additional information, please feel free to contact me at 800-222-3469 e. 6150.

## Company and Contact

### Filing Contact Information

Kevin Carney, Senior Analyst kcarney@penntreaty.com  
 3440 Lehigh St 610-965-2222 [Phone] 6150 [Ext]  
 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

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Network Insurance Company	\$0.00	03/09/2010	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Harris Shearer	04/01/2010	04/01/2010

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## **Disposition**

Disposition Date: 04/01/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule 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

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Flesch Certification <b>Bypass Reason:</b> Not required with this filing. <b>Comments:</b>		
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> Not required with this filing. <b>Comments:</b>		
<b>Bypassed - Item:</b> Health - Actuarial Justification <b>Bypass Reason:</b> Not required with this filing. <b>Comments:</b>		
<b>Bypassed - Item:</b> Outline of Coverage <b>Bypass Reason:</b> Not required with this filing. <b>Comments:</b>		