Filing at a Glance

Company: American Pioneer Life Insurance Company

Product Name: Individual Medicare Select
TOI: MS04I Individual Medicare Supplement - Medicare Select
Sub-TOI: MS04I.002 Plan B
Filing Type: Rate

SERFF Tr Num: UNAM-126794688
SERFF Status: Closed-Approved-Closed
Co Tr Num: APL SEL 2010 AR

Authors: Carmen Boyd, Trudi Goldenberg
Date Submitted: 08/31/2010

State: Arkansas
State Tr Num: 46662

State Status: Approved-Closed
Reviewer(s): Stephanie Fowler
Disposition Date: 09/08/2010

Disposition Status: Approved-Closed
Implementation Date: 11/01/2010

Implementation Date Requested: 11/01/2010
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: 11%
Filing Status Changed: 09/08/2010

Deemer Date:
Submitted By: Carmen Boyd
Filing Description:
American Pioneer Life Insurance Company, NAIC #60763

11% Request for Rate Revision – Individual Medicare Select
Form(s): MS-604 & AMSI-S-06 B, C, D, F

Status of Filing in Domicile: Pending
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: 09/08/2010
Created By: Carmen Boyd
Corresponding Filing Tracking Number:

Company and Contact

Filing Contact Information

Carmen Boyd, cboyd@uafc.com
P.O. Box 958465 407-628-1776 [Phone] 8319 [Ext]
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	Group Name:	State ID Number:
Lake Mary, FL 32746	FEIN Number: 59-0935083	
(407) 995-8000 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	THIS IS NOW A CLOSED BLOCK OF BUSINESS AND EXPERIENCE IS BEING POOLED ON A NATIONWIDE BASIS.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Pioneer Life Insurance Company	$50.00	08/31/2010	39139938

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	09/08/2010	09/08/2010

Disposition

Disposition Date: 09/08/2010
Implementation Date: 11/01/2010
Status: Approved-Closed
Comment: The requested rate increase has been approved to be implemented on or after November 1, 2010. This approval is subject to the following:

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

• Both the insured and agent shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

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	11.000%	11.000%	$26,587	91	$241,701	11.000%	11.000%

SERFF Tracking Number:	*UNAM-126794688*	*State:*	*Arkansas*
Filing Company:	*American Pioneer Life Insurance Company*	*State Tracking Number:*	*46662*
Company Tracking Number:	*APL SEL 2010 AR*		
TOI:	*MS04I Individual Medicare Supplement - Medicare Select*	*Sub-TOI:*	*MS04I.002 Plan B*
Product Name:	*Individual Medicare Select*		
Project Name/Number:	*/*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Rate	CURRENT & REQUESTED RATES	Approved	Yes

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	11.500%
Effective Date of Last Rate Revision:	11/01/2009
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	11.000%	11.000%	$26,587	91	$241,701	11.000%	11.000%

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved 09/08/2010	CURRENT & REQUESTED RATES	MS-604, AMSI-S-06 B, C, D, F	New		AR Std Med Select Rates.pdf

American Pioneer Life Insurance Company

Medicare Standardized Plans

Current Rates

2009 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	2,360.76	2,771.92	1,239.40	1,455.26	625.60	734.56	212.47	249.47	196.73	230.99
Select Plan C	2,945.87	3,460.94	1,546.58	1,816.99	780.66	917.15	265.13	311.48	245.49	288.41
Select Plan D	2,434.77	2,863.03	1,278.25	1,503.09	645.21	758.70	219.13	257.67	202.90	238.58
Select Plan F	3,247.53	3,815.73	1,704.95	2,003.26	860.60	1,011.17	292.28	343.42	270.63	317.98

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

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2009 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	2,006.65	2,356.13	1,053.49	1,236.97	531.76	624.37	180.60	212.05	167.22	196.34
Select Plan C	2,503.99	2,941.80	1,314.59	1,544.44	663.56	779.58	225.36	264.76	208.66	245.15
Select Plan D	2,069.55	2,433.58	1,086.52	1,277.63	548.43	644.90	186.26	219.02	172.46	202.80
Select Plan F	2,760.40	3,243.37	1,449.21	1,702.77	731.51	859.49	248.44	291.90	230.03	270.28

2009 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	1,888.61	2,217.54	991.52	1,164.21	500.48	587.65	169.97	199.58	157.38	184.79
Select Plan C	2,356.70	2,768.75	1,237.27	1,453.59	624.52	733.72	212.10	249.19	196.39	230.73
Select Plan D	1,947.82	2,290.42	1,022.60	1,202.47	516.17	606.96	175.30	206.14	162.32	190.87
Select Plan F	2,598.02	3,052.58	1,363.96	1,602.61	688.48	808.93	233.82	274.73	216.50	254.38

American Pioneer Life Insurance Company

Medicare Standardized Plans

Requested Rates

2010 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	2,620.55	3,076.95	1,375.79	1,615.40	694.45	815.39	235.85	276.93	218.38	256.41
Select Plan C	3,270.04	3,841.80	1,716.77	2,016.95	866.56	1,018.08	294.30	345.76	272.50	320.15
Select Plan D	2,702.56	3,177.92	1,418.84	1,668.41	716.18	842.15	243.23	286.01	225.21	264.83
Select Plan F	3,604.74	4,235.43	1,892.49	2,223.60	955.26	1,122.39	324.43	381.19	300.39	352.95

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

-

2010 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	2,227.47	2,615.41	1,169.42	1,373.09	590.28	693.08	200.47	235.39	185.62	217.95
Select Plan C	2,779.53	3,265.53	1,459.26	1,714.40	736.58	865.37	250.16	293.90	231.63	272.13
Select Plan D	2,297.18	2,701.23	1,206.02	1,418.15	608.75	715.83	206.75	243.11	191.43	225.10
Select Plan F	3,064.03	3,600.12	1,608.62	1,890.06	811.97	954.03	275.76	324.01	255.33	300.01

2010 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	2,096.44	2,461.56	1,100.63	1,292.32	555.56	652.31	188.68	221.54	174.70	205.13
Select Plan C	2,616.03	3,073.44	1,373.42	1,613.56	693.25	814.46	235.44	276.61	218.00	256.12
Select Plan D	2,162.05	2,542.34	1,135.08	1,334.73	572.94	673.72	194.58	228.81	180.17	211.86
Select Plan F	2,883.79	3,388.34	1,513.99	1,778.88	764.20	897.91	259.54	304.95	240.32	282.36