

SERFF Tracking Number: UNAM-128462152 State: Arkansas
Filing Company: American Pioneer Life Insurance Company State Tracking Number: RPT-LTC 2011
Company Tracking Number: LTC LAPSE/REPL - APL
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: LTC Lapse Replacement Report
Project Name/Number: /

Filing at a Glance

Company: American Pioneer Life Insurance Company

Product Name: LTC Lapse Replacement Report SERFF Tr Num: UNAM-128462152 State: Arkansas

Report

TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Accepted For Informational Purposes State Tr Num: RPT-LTC 2011

Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: LTC LAPSE/REPL - APL State Status: Closed-Accepted for Informational Purposes

Filing Type: Form

Author: Mary Reichert

Reviewer(s): Donna Lambert

Date Submitted: 06/11/2012

Disposition Date: 06/11/2012

Disposition Status: Accepted For Informational Purposes

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Informational

Domicile Status Comments: Report submitted as required

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 06/11/2012

State Status Changed: 06/11/2012

Deemer Date:

Created By: Mary Reichert

Submitted By: Mary Reichert

Corresponding Filing Tracking Number:

Filing Description:

Dear Colleague:

In accordance with state regulation, we are submitting the Long-Term Care Insurance Replacement and Lapse report for calendar year 2011.

Please feel free to contact me directly if you have questions or need additional information. I may be reached through SERFF, through email at mreichert@universalamerican.com, or by phone at 407-444-4371.

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Sincerely,

Mary Reichert
Compliance Auditor

State Narrative:

Company and Contact

Filing Contact Information

Mary Reichert, mreichert@universalamerican.com
P.O. Box 958465 407-444-4371 [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 Group Name: State ID Number:
Lake Mary, FL 32746 FEIN Number: 59-0935083
(407) 995-8000 ext. [Phone]

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Pioneer Life Insurance Company	\$0.00	06/11/2012	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Donna Lambert Informational Purposes		06/11/2012	06/11/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	LTC REPLACEMENT AND LAPSE REPORT - 2011	Mary Reichert	06/11/2012	06/11/2012

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Disposition

Disposition Date: 06/11/2012

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document (revised)	LTC REPLACEMENT AND LAPSE REPORT - 2011	Accepted for Informational Purposes	Yes
Supporting Document	LTC REPLACEMENT AND LAPSE REPORT - 2011	Replaced	Yes

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Amendment Letter

Submitted Date: 06/11/2012

Comments:

I originally submitted the report under the wrong company. I removed that report and the correct one is now attached.

I apologize for any confusion caused.

Sincerely,

Mary Reichert

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: LTC REPLACEMENT AND LAPSE REPORT - 2011

Comment:

ap ar.pdf

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification Bypass Reason: N/A Comments:		
Bypassed - Item: Application Bypass Reason: N/A Comments:		
Bypassed - Item: Health - Actuarial Justification Bypass Reason: N/A Comments:		
Bypassed - Item: Outline of Coverage Bypass Reason: N/A Comments:		
Satisfied - Item: LTC REPLACEMENT AND LAPSE REPORT - 2011 Comments: Attachment: ap ar.pdf	Accepted for Informational Purposes	06/11/2012

6-11-12

Long-Term Care Insurance
Replacement and Lapse Reporting Form

For the State of Arkansas

For the Reporting Year of 2011

Company Name: FLORIDA American Pioneer Life
Company Address: 1001 Heathrow Park Ln
Contact Person: Mary Reichert

Due: June 30 annually
Company NAIC Number: 60763
Phone Number: (404) 444-4377

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 that 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 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
N/A			

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
N/A			

Company Totals

Percentage of Replacement Policies Sold to Total Annual Sales _____%
Percentage of Replacement Policies Sold to Policies In Force (as of the end of the preceding calendar year) _____%
Percentage of Lapsed Policies to Total Annual Sales _____%
Percentage of Lapsed Policies to Policies In Force (as of the end of the preceding calendar year) _____%

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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/11/2012	Supporting Document	LTC REPLACEMENT AND LAPSE REPORT - 2011	06/11/2012	AP AR.pdf (Superceded)

**Long-Term Care Insurance
Replacement and Lapse Reporting Form**

For the State of Arkansas

For the Reporting Year of 2011

Company Name: American Pioneer Life
 Company Address: 1001 Heathrow Park Ln
 Contact Person: Mary Reichert

Due: June 30 annually
 Company NAIC Number: 60763
 Phone Number: 404-444-4377

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 that 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.

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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
N/A			

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
N/A			

Company Totals

Percentage of Replacement Policies Sold to Total Annual Sales _____ %
 Percentage of Replacement Policies Sold to Policies In Force (as of the end of the preceding calendar year) _____ %
 Percentage of Lapsed Policies to Total Annual Sales _____ %
 Percentage of Lapsed Policies to Policies In Force (as of the end of the preceding calendar year) _____ %