Filing at a Glance

Company: Medico Life Insurance Company

Product Name: ltcratesmlic	SERFF Tr Num: MDIC-125730580	State: ArkansasLH
TOI: LTC03I Individual Long Term Care	SERFF Status: Closed	State Tr Num: 39591
Sub-TOI: LTC03I.003 Other	Co Tr Num: KHLTCRTESMLIC	State Status: Approved-Closed
Filing Type: Rate	Co Status:	Reviewer(s): Marie Bennett, Harris Shearer
	Author: Karl Hug	Disposition Date: 10/16/2008
	Date Submitted: 07/11/2008	Disposition Status: Approved
Implementation Date Requested: 09/01/2008		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: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact: 18.033%	Group Market Type:
Filing Status Changed: 10/16/2008	
State Status Changed: 10/16/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

RE: Individual Long-Term Care Insurance Rate Filing

Forms: 3358 (Riders UR2038, UR2048, UR275, UR589R); 4458; LT691 (Riders UR284, UR591); LT692; LT694 (Riders UR268C, UR287); LT695 (Riders UR274, UR287); LT698 (Riders UR424, UR467, UR468)

THIS IS A SIMULTANEOUS SUBMISSION WITH MEDICO™ INSURANCE COMPANY

We find that it is necessary for us to request a moderate increase in the rates (18.033%) for the long-term care forms

listed above. Enclosed you will find an actuarial memorandum explaining why the increase is needed, as well as current and proposed rate schedules.

We will not implement this increase until we have received your approval and have provided the necessary notice to policyholders affected by this increase.

We comply with Rule and Regulation 19, because we do not differentiate in rates between males and females.

Thank you for your review and approval of this filing. If you have any questions, please feel free to contact me.

Company and Contact

Filing Contact Information

Karl Hug, Compliance Analyst
1515 S. 75th Street
Omaha, NE 68124

khug@gomedico.com
(800) 695-5976 [Phone]
(402) 391-4858[FAX]

Filing Company Information

Medico Life Insurance Company
1515 S. 75th Street
Omaha, NE 68124
(800) 695-5976 ext. [Phone]

CoCode: 71471
Group Code: 364
Group Name: Medico Life
FEIN Number: 47-0520541

State of Domicile: Nebraska
Company Type: Life and Health
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	one LTC Insurance rate filing, closed block = $50.00
Per Company:	No

SERFF Tracking Number:	*MDIC-125730580*	*State:*	*Arkansas*
Filing Company:	*Medico Life Insurance Company*	*State Tracking Number:*	*39591*
Company Tracking Number:	*KHLTCRTESMLIC*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.003 Other*
Product Name:	*ltcratesmlic*		
Project Name/Number:	*/*		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Medico Life Insurance Company	$50.00	07/11/2008	21364787

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Harris Shearer	10/16/2008	10/16/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Status Check	Note To Reviewer	Luanne Melies	09/23/2008	09/23/2008

Disposition

Disposition Date: 10/16/2008

Implementation Date:

Status: Approved

Comment: The requested rate increase is approved to be implemented only after proper notification to the consumer.

Company Name:	**Overall % Rate Impact:**	**Written Premium Change for this Program:**	**# of Policy Holders Affected for this Program:**	**Premium:**	**Maximum % Change (where required):**	**Minimum % Change (where required):**	**Overall % Indicated Change:**
Medico Life Insurance Company	18.033%	$100,465	337	$557,119	18.033%	18.033%	18.033%

SERFF Tracking Number:	*MDIC-125730580*	*State:*	*Arkansas*
Filing Company:	*Medico Life Insurance Company*	*State Tracking Number:*	*39591*
Company Tracking Number:	*KHLTCRTESMLIC*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.003 Other*
Product Name:	*ltcratesmlic*		
Project Name/Number:	*/*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Exhibits		Yes
Supporting Document	Experience		Yes
Rate	rate Sheets		Yes

Note To Reviewer

Created By:

Luanne Melies on 09/23/2008 03:35 PM

Subject:

Status Check

Comments:

Good Afternoon. I would appreciate a status check on this filing. Thank you in advance for your time.

Rate Information

Rate data applies to filing.

Filing Method:	Serff
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	19.690%
Effective Date of Last Rate Revision:	04/01/2007
Filing Method of Last Filing:	paper

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Medico Life Insurance Company	18.033%	18.033%	$100,465	337	$557,119	18.033%	18.033%

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate ActionInformation:		Attachments
	rate Sheets	Forms: 3358 (Riders UR2038, UR2048, UR275, UR589R); 4458; LT691 (Riders UR284, UR591); LT692; LT694 (Riders UR268C, UR287); LT695 (Riders UR274, UR287); LT698 (Riders UR424, UR467, UR468)	Revised	Previous State Filing Number: Percent Rate Change Request:	unknown 18	AR-LTC 2008 rates ML.pdf

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR2038
Gross Premium Code: 2038 - Rate Group: 3358
HOME HEALTH CARE RIDER

RATE SCHEDULE - Arkansas
For Forms Issued From 11/10/1987 Through 06/15/1992

Per $5 Home Health Care Visit

Issue Age	0Day EP Std Clss Premium	0Day EP 1Cnd Clss Premium	0Day EP 2Cnd Clss Premium	20Day EP Std Clss Premium	20Day EP 1Cnd Clss Premium	20Day EP 2Cnd Clss Premium	100Day EP Std Clss Premium	100Day EP 1Cnd Clss Premium	100Day EP 2Cnd Clss Premium
18 - 54	30.80	42.90	56.10	23.10	31.90	41.80	8.80	12.10	15.40
55 - 64	34.10	48.40	62.70	26.40	36.30	46.20	9.90	13.20	17.60
65 - 69	42.90	60.50	78.10	29.70	41.80	53.90	11.00	15.40	19.80
70 - 74	49.50	69.30	89.10	36.30	50.60	66.00	13.20	18.70	24.20
75 - 79	55.00	77.00	99.00	40.70	57.20	73.70	15.40	20.90	27.50
80 - 84	59.40	82.50	106.70	41.80	58.30	74.80	15.40	22.00	27.50

Monthly premiums are 1/11 of the annual premium.
Other modes are multiples of the monthly rate.

Rates certify to a 60% anticipated loss ratio.

MLRSR2038(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR2038
Gross Premium Code: 2038 - Rate Group: 3358
HOME HEALTH CARE RIDER

RATE SCHEDULE - Arkansas
For Forms Issued From 11/10/1987 Through 06/15/1992

Per $5 Home Health Care Visit

Issue Age	0Day EP Std Clss Premium	0Day EP 1Cnd Clss Premium	0Day EP 2Cnd Clss Premium	20Day EP Std Clss Premium	20Day EP 1Cnd Clss Premium	20Day EP 2Cnd Clss Premium	100Day EP Std Clss Premium	100Day EP 1Cnd Clss Premium	100Day EP 2Cnd Clss Premium
18 - 54	36.35	50.63	66.21	27.26	37.65	49.33	10.38	14.28	18.17
55 - 64	40.24	57.12	74.00	31.16	42.84	54.53	11.68	15.58	20.77
65 - 69	50.63	71.40	92.18	35.05	49.33	63.61	12.98	18.17	23.37
70 - 74	58.42	81.79	105.16	42.84	59.72	77.90	15.58	22.07	28.56
75 - 79	64.91	90.88	116.85	48.03	67.51	86.99	18.17	24.66	32.45
80 - 84	70.11	97.37	125.94	49.33	68.81	88.28	18.17	25.96	32.45

Monthly premiums are 1/11 of the annual premium.
Other modes are multiples of the monthly rate.

Rates certify to a 60% anticipated loss ratio.

MLRSR2038(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR204
Gross Premium Code: 204C - Rate Group: 3358
INFLATION SHIELD RIDER

RATE SCHEDULE - Arkansas
For Forms Issued From 04/30/1990 Through 06/15/1992

Lifetime Benefit Period
Inflation Shield Rider Per $10 Daily Benefit

Issue Age	0Day EP Std Clss Premium	0Day EP 1Cnd Clss Premium	0Day EP 2Cnd Clss Premium	20Day EP Std Clss Premium	20Day EP 1Cnd Clss Premium	20Day EP 2Cnd Clss Premium	100Day EP Std Clss Premium	100Day EP 1Cnd Clss Premium	100Day EP 2Cnd Clss Premium
18 - 54	19.80	27.50	34.10	16.50	23.10	29.70	14.30	19.80	25.30
55 - 64	25.30	35.20	45.10	22.00	30.80	39.60	18.70	26.40	34.10
65 - 69	28.60	39.60	50.60	25.30	35.20	45.10	22.00	30.80	39.60
70 - 74	27.50	38.50	49.50	25.30	34.10	45.10	22.00	30.80	39.60
75 - 79	23.10	33.00	41.80	20.90	29.70	38.50	18.70	26.40	34.10

Monthly premiums are 1/11 of the annual premium.
Other modes are multiples of the monthly rate.

Rates certify to a 60% anticipated loss ratio.

MLRSR204(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR204
Gross Premium Code: 204C - Rate Group: 3358
INFLATION SHIELD RIDER

RATE SCHEDULE - Arkansas
For Forms Issued From 04/30/1990 Through 06/15/1992

Lifetime Benefit Period
Inflation Shield Rider Per $10 Daily Benefit

Issue Age	0Day EP Std Clss Premium	0Day EP 1Cnd Clss Premium	0Day EP 2Cnd Clss Premium	20Day EP Std Clss Premium	20Day EP 1Cnd Clss Premium	20Day EP 2Cnd Clss Premium	100Day EP Std Clss Premium	100Day EP 1Cnd Clss Premium	100Day EP 2Cnd Clss Premium
18 - 54	23.37	32.45	40.24	19.47	27.26	35.05	16.87	23.37	29.86
55 - 64	29.86	41.54	53.23	25.96	36.35	46.74	22.07	31.16	40.24
65 - 69	33.75	46.74	59.72	29.86	41.54	53.23	25.96	36.35	46.74
70 - 74	32.45	45.44	58.42	29.86	40.24	53.23	25.96	36.35	46.74
75 - 79	27.26	38.95	49.33	24.66	35.05	45.44	22.07	31.16	40.24

Monthly premiums are 1/11 of the annual premium.
Other modes are multiples of the monthly rate.

Rates certify to a 60% anticipated loss ratio.

MLRSR204(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR204
Gross Premium Code: 204D - Rate Group: 3358
INFLATION SHIELD RIDER

RATE SCHEDULE - Arkansas
For Forms Issued From 04/30/1990 Through 06/15/1992

10 Year Benefit Period
Inflation Shield Rider Per $10 Daily Benefit

Issue Age	0Day EP Std Clss Premium	0Day EP 1Cnd Clss Premium	0Day EP 2Cnd Clss Premium	20Day EP Std Clss Premium	20Day EP 1Cnd Clss Premium	20Day EP 2Cnd Clss Premium	100Day EP Std Clss Premium	100Day EP 1Cnd Clss Premium	100Day EP 2Cnd Clss Premium
18 - 54	14.30	20.90	26.40	13.20	17.60	23.10	11.00	15.40	19.80
55 - 64	20.90	29.70	37.40	18.70	26.40	33.00	16.50	23.10	28.60
65 - 69	25.30	35.20	45.10	22.00	31.90	40.70	19.80	27.50	35.20
70 - 74	25.30	35.20	46.20	23.10	31.90	40.70	19.80	28.60	36.30
75 - 79	22.00	30.80	39.60	19.80	28.60	36.30	17.60	25.30	31.90

Monthly premiums are 1/11 of the annual premium.
Other modes are multiples of the monthly rate.

Rates certify to a 60% anticipated loss ratio.

MLRSR204(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR204
Gross Premium Code: 204D - Rate Group: 3358
INFLATION SHIELD RIDER

RATE SCHEDULE - Arkansas
For Forms Issued From 04/30/1990 Through 06/15/1992

10 Year Benefit Period
Inflation Shield Rider Per $10 Daily Benefit

Issue Age	0Day EP Std Clss Premium	0Day EP 1Cnd Clss Premium	0Day EP 2Cnd Clss Premium	20Day EP Std Clss Premium	20Day EP 1Cnd Clss Premium	20Day EP 2Cnd Clss Premium	100Day EP Std Clss Premium	100Day EP 1Cnd Clss Premium	100Day EP 2Cnd Clss Premium
18 - 54	16.87	24.66	31.16	15.58	20.77	27.26	12.98	18.17	23.37
55 - 64	24.66	35.05	44.14	22.07	31.16	38.95	19.47	27.26	33.75
65 - 69	29.86	41.54	53.23	25.96	37.65	48.03	23.37	32.45	41.54
70 - 74	29.86	41.54	54.53	27.26	37.65	48.03	23.37	33.75	42.84
75 - 79	25.96	36.35	46.74	23.37	33.75	42.84	20.77	29.86	37.65

Monthly premiums are 1/11 of the annual premium.
Other modes are multiples of the monthly rate.

Rates certify to a 60% anticipated loss ratio.

MLRSR204(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR204
Gross Premium Code: 204E - Rate Group: 3358
INFLATION SHIELD RIDER

RATE SCHEDULE - Arkansas
For Forms Issued From 04/30/1990 Through 06/15/1992

5 Year Benefit Period
Inflation Shield Rider Per $10 Daily Benefit

Issue Age	0Day EP Std Clss Premium	0Day EP 1Cnd Clss Premium	0Day EP 2Cnd Clss Premium	20Day EP Std Clss Premium	20Day EP 1Cnd Clss Premium	20Day EP 2Cnd Clss Premium	100Day EP Std Clss Premium	100Day EP 1Cnd Clss Premium	100Day EP 2Cnd Clss Premium
18 - 54	6.60	8.80	11.00	5.50	7.70	9.90	4.40	6.60	8.80
55 - 64	9.90	13.20	17.60	8.80	12.10	15.40	7.70	11.00	14.30
65 - 69	13.20	17.60	23.10	11.00	16.50	20.90	9.90	14.30	18.70
70 - 74	14.30	19.80	25.30	12.10	17.60	22.00	11.00	15.40	19.80
75 - 79	13.20	18.70	23.10	12.10	16.50	22.00	11.00	15.40	19.80

Monthly premiums are 1/11 of the annual premium.
Other modes are multiples of the monthly rate.

Rates certify to a 60% anticipated loss ratio.

MLRSR204(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR204
Gross Premium Code: 204E - Rate Group: 3358
INFLATION SHIELD RIDER

RATE SCHEDULE - Arkansas
For Forms Issued From 04/30/1990 Through 06/15/1992

5 Year Benefit Period
Inflation Shield Rider Per $10 Daily Benefit

Issue Age	0Day EP Std Clss Premium	0Day EP 1Cnd Clss Premium	0Day EP 2Cnd Clss Premium	20Day EP Std Clss Premium	20Day EP 1Cnd Clss Premium	20Day EP 2Cnd Clss Premium	100Day EP Std Clss Premium	100Day EP 1Cnd Clss Premium	100Day EP 2Cnd Clss Premium
18 - 54	7.79	10.38	12.98	6.49	9.08	11.68	5.19	7.79	10.38
55 - 64	11.68	15.58	20.77	10.38	14.28	18.17	9.08	12.98	16.87
65 - 69	15.58	20.77	27.26	12.98	19.47	24.66	11.68	16.87	22.07
70 - 74	16.87	23.37	29.86	14.28	20.77	25.96	12.98	18.17	23.37
75 - 79	15.58	22.07	27.26	14.28	19.47	25.96	12.98	18.17	23.37

Monthly premiums are 1/11 of the annual premium.
Other modes are multiples of the monthly rate.

Rates certify to a 60% anticipated loss ratio.

MLRSR204(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR2048
Gross Premium Code: 2048 - Rate Group: 3358
INFLATION SHIELD RIDER

RATE SCHEDULE - Arkansas
For Forms Issued From 11/10/1987 Through 06/15/1992

Inflation Shield Rider Per $10 Daily Benefit

Issue Age	0Day EP Std Clss Premium	0Day EP 1Cnd Clss Premium	0Day EP 2Cnd Clss Premium	20Day EP Std Clss Premium	20Day EP 1Cnd Clss Premium	20Day EP 2Cnd Clss Premium	100Day EP Std Clss Premium	100Day EP 1Cnd Clss Premium	100Day EP 2Cnd Clss Premium
18 - 54	17.60	24.20	31.90	16.50	24.20	30.80	14.30	20.90	26.40
55 - 64	30.80	41.80	55.00	28.60	39.60	50.60	24.20	33.00	42.90
65 - 69	44.00	61.60	78.10	40.70	56.10	72.60	31.90	45.10	57.20
70 - 74	56.10	78.10	101.20	47.30	66.00	84.70	40.70	56.10	72.60
75 - 79	68.20	94.60	122.10	62.70	88.00	113.30	51.70	72.60	93.50

Monthly premiums are 1/11 of the annual premium.
Other modes are multiples of the monthly rate.

Rates certify to a 60% anticipated loss ratio.

MLRSR2048(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR2048
Gross Premium Code: 2048 - Rate Group: 3358
INFLATION SHIELD RIDER

RATE SCHEDULE - Arkansas
For Forms Issued From 11/10/1987 Through 06/15/1992

Inflation Shield Rider Per $10 Daily Benefit

Issue Age	0Day EP Std Clss Premium	0Day EP 1Cnd Clss Premium	0Day EP 2Cnd Clss Premium	20Day EP Std Clss Premium	20Day EP 1Cnd Clss Premium	20Day EP 2Cnd Clss Premium	100Day EP Std Clss Premium	100Day EP 1Cnd Clss Premium	100Day EP 2Cnd Clss Premium
18 - 54	20.77	28.56	37.65	19.47	28.56	36.35	16.87	24.66	31.16
55 - 64	36.35	49.33	64.91	33.75	46.74	59.72	28.56	38.95	50.63
65 - 69	51.93	72.70	92.18	48.03	66.21	85.69	37.65	53.23	67.51
70 - 74	66.21	92.18	119.44	55.82	77.90	99.97	48.03	66.21	85.69
75 - 79	80.49	111.65	144.11	74.00	103.86	133.73	61.02	85.69	110.36

Monthly premiums are 1/11 of the annual premium.
Other modes are multiples of the monthly rate.

Rates certify to a 60% anticipated loss ratio.

MLRSR2048(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR275
Gross Premium Code: 275A - Rate Group: 3358
LONG TERM CARE RIDER

RATE SCHEDULE - Arkansas
For Forms Issued From 04/30/1990 Through 06/15/1992

Lifetime Benefit Period
$10 Long Term Care Coverage

Issue Age	0Day EP Std Clss Premium	0Day EP 1Cnd Clss Premium	0Day EP 2Cnd Clss Premium	20Day EP Std Clss Premium	20Day EP 1Cnd Clss Premium	20Day EP 2Cnd Clss Premium	100Day EP Std Clss Premium	100Day EP 1Cnd Clss Premium	100Day EP 2Cnd Clss Premium
18 - 54	45.10	62.70	80.30	38.50	52.80	68.20	30.80	44.00	56.10
55 - 64	60.50	85.80	110.00	52.80	73.70	94.60	45.10	62.70	80.30
65 - 69	84.70	118.80	152.90	74.80	104.50	134.20	63.80	89.10	114.40
70 - 74	106.70	149.60	192.50	94.60	132.00	170.50	81.40	114.40	147.40
75 - 79	122.10	171.60	221.10	110.00	154.00	198.00	95.70	134.20	172.70

Monthly premiums are 1/11 of the annual premium.
Other modes are multiples of the monthly rate.

Rates certify to a 60% anticipated loss ratio.

MLRSR275(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR275
Gross Premium Code: 275A - Rate Group: 3358
LONG TERM CARE RIDER

RATE SCHEDULE - Arkansas
For Forms Issued From 04/30/1990 Through 06/15/1992

Lifetime Benefit Period
$10 Long Term Care Coverage

Issue Age	0Day EP Std Clss Premium	0Day EP 1Cnd Clss Premium	0Day EP 2Cnd Clss Premium	20Day EP Std Clss Premium	20Day EP 1Cnd Clss Premium	20Day EP 2Cnd Clss Premium	100Day EP Std Clss Premium	100Day EP 1Cnd Clss Premium	100Day EP 2Cnd Clss Premium
18 - 54	53.23	74.00	94.78	45.44	62.32	80.49	36.35	51.93	66.21
55 - 64	71.40	101.27	129.83	62.32	86.99	111.65	53.23	74.00	94.78
65 - 69	99.97	140.22	180.47	88.28	123.34	158.40	75.30	105.16	135.02
70 - 74	125.94	176.57	227.21	111.65	155.80	201.24	96.07	135.02	173.98
75 - 79	144.11	202.54	260.97	129.83	181.77	233.70	112.95	158.40	203.84

Monthly premiums are 1/11 of the annual premium.
Other modes are multiples of the monthly rate.

Rates certify to a 60% anticipated loss ratio.

MLRSR275(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR275
Gross Premium Code: 275B - Rate Group: 3358
LONG TERM CARE RIDER

RATE SCHEDULE - Arkansas
For Forms Issued From 04/30/1990 Through 06/15/1992

10 Year Benefit Period
$10 Long Term Care Coverage

Issue Age	0Day EP Std Clss Premium	0Day EP 1Cnd Clss Premium	0Day EP 2Cnd Clss Premium	20Day EP Std Clss Premium	20Day EP 1Cnd Clss Premium	20Day EP 2Cnd Clss Premium	100Day EP Std Clss Premium	100Day EP 1Cnd Clss Premium	100Day EP 2Cnd Clss Premium
18 - 54	30.80	42.90	55.00	26.40	36.30	47.30	22.00	30.80	39.60
55 - 64	47.30	66.00	85.80	41.80	58.30	74.80	35.20	49.50	63.80
65 - 69	71.50	100.10	128.70	62.70	88.00	113.30	53.90	75.90	97.90
70 - 74	94.60	133.10	170.50	83.60	117.70	151.80	72.60	102.30	132.00
75 - 79	113.30	159.50	204.60	102.30	143.00	183.70	89.10	125.40	160.60

Monthly premiums are 1/11 of the annual premium.
Other modes are multiples of the monthly rate.

Rates certify to a 60% anticipated loss ratio.

MLRSR275(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR275
Gross Premium Code: 275B - Rate Group: 3358
LONG TERM CARE RIDER

RATE SCHEDULE - Arkansas
For Forms Issued From 04/30/1990 Through 06/15/1992

10 Year Benefit Period
$10 Long Term Care Coverage

Issue Age	0Day EP Std Clss Premium	0Day EP 1Cnd Clss Premium	0Day EP 2Cnd Clss Premium	20Day EP Std Clss Premium	20Day EP 1Cnd Clss Premium	20Day EP 2Cnd Clss Premium	100Day EP Std Clss Premium	100Day EP 1Cnd Clss Premium	100Day EP 2Cnd Clss Premium
18 - 54	36.35	50.63	64.91	31.16	42.84	55.82	25.96	36.35	46.74
55 - 64	55.82	77.90	101.27	49.33	68.81	88.28	41.54	58.42	75.30
65 - 69	84.39	118.15	151.90	74.00	103.86	133.73	63.61	89.58	115.55
70 - 74	111.65	157.10	201.24	98.67	138.92	179.17	85.69	120.74	155.80
75 - 79	133.73	188.26	241.49	120.74	168.78	216.82	105.16	148.01	189.56

Monthly premiums are 1/11 of the annual premium.
Other modes are multiples of the monthly rate.

Rates certify to a 60% anticipated loss ratio.

MLRSR275(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR275
Gross Premium Code: 275C - Rate Group: 3358
LONG TERM CARE RIDER

RATE SCHEDULE - Arkansas
For Forms Issued From 04/30/1990 Through 06/15/1992

5 Year Benefit Period
$10 Long Term Care Coverage

Issue Age	0Day EP Std Clss Premium	0Day EP 1Cnd Clss Premium	0Day EP 2Cnd Clss Premium	20Day EP Std Clss Premium	20Day EP 1Cnd Clss Premium	20Day EP 2Cnd Clss Premium	100Day EP Std Clss Premium	100Day EP 1Cnd Clss Premium	100Day EP 2Cnd Clss Premium
18 - 54	12.10	17.60	22.00	11.00	15.40	19.80	8.80	13.20	16.50
55 - 64	20.90	28.60	36.30	18.70	25.30	33.00	15.40	22.00	27.50
65 - 69	33.00	46.20	59.40	29.70	41.80	53.90	25.30	36.30	46.20
70 - 74	46.20	64.90	83.60	42.90	59.40	77.00	37.40	51.70	67.10
75 - 79	60.50	85.80	110.00	56.10	79.20	101.20	49.50	69.30	89.10

Monthly premiums are 1/11 of the annual premium.
Other modes are multiples of the monthly rate.

Rates certify to a 60% anticipated loss ratio.

MLRSR275(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR275
Gross Premium Code: 275C - Rate Group: 3358
LONG TERM CARE RIDER

RATE SCHEDULE - Arkansas
For Forms Issued From 04/30/1990 Through 06/15/1992

5 Year Benefit Period
$10 Long Term Care Coverage

Issue Age	0Day EP Std Clss Premium	0Day EP 1Cnd Clss Premium	0Day EP 2Cnd Clss Premium	20Day EP Std Clss Premium	20Day EP 1Cnd Clss Premium	20Day EP 2Cnd Clss Premium	100Day EP Std Clss Premium	100Day EP 1Cnd Clss Premium	100Day EP 2Cnd Clss Premium
18 - 54	14.28	20.77	25.96	12.98	18.17	23.37	10.38	15.58	19.47
55 - 64	24.66	33.75	42.84	22.07	29.86	38.95	18.17	25.96	32.45
65 - 69	38.95	54.53	70.11	35.05	49.33	63.61	29.86	42.84	54.53
70 - 74	54.53	76.60	98.67	50.63	70.11	90.88	44.14	61.02	79.20
75 - 79	71.40	101.27	129.83	66.21	93.48	119.44	58.42	81.79	105.16

Monthly premiums are 1/11 of the annual premium.
Other modes are multiples of the monthly rate.

Rates certify to a 60% anticipated loss ratio.

MLRSR275(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-3358
Gross Premium Code: 3358 - Rate Group: 3358
LONG TERM CARE

RATE SCHEDULE - Arkansas
For Forms Issued From 11/10/1987 Through 06/15/1992

First $40 of Daily Benefit

Issue Age	0Day EP Std Clss Premium	0Day EP 1Cnd Clss Premium	0Day EP 2Cnd Clss Premium	20Day EP Std Clss Premium	20Day EP 1Cnd Clss Premium	20Day EP 2Cnd Clss Premium	100Day EP Std Clss Premium	100Day EP 1Cnd Clss Premium	100Day EP 2Cnd Clss Premium
18 - 54	207.90	291.50	433.40	176.00	246.40	349.80	137.50	192.50	259.60
55 - 64	366.30	512.60	760.10	314.60	440.00	624.80	253.00	354.20	478.50
65 - 69	559.90	783.20	1,163.80	477.40	667.70	946.00	390.50	546.70	737.00
70 - 74	848.10	1,186.90	1,846.90	686.40	961.40	1,426.70	570.90	799.70	1,129.70
75 - 79	1,250.70	1,750.10	2,971.10	1,025.20	1,435.50	2,325.40	851.40	1,192.40	1,839.20
80 - 84	1,646.70	2,393.60	3,511.20	1,391.50	2,022.90	2,832.50	1,155.00	1,679.70	2,238.50

Additional $10 Increments

Issue Age	0Day EP Std Clss Premium	0Day EP 1Cnd Clss Premium	0Day EP 2Cnd Clss Premium	20Day EP Std Clss Premium	20Day EP 1Cnd Clss Premium	20Day EP 2Cnd Clss Premium	100Day EP Std Clss Premium	100Day EP 1Cnd Clss Premium	100Day EP 2Cnd Clss Premium
18 - 54	50.60	70.40	104.50	41.80	59.40	83.60	33.00	45.10	61.60
55 - 64	89.10	124.30	184.80	75.90	106.70	150.70	60.50	84.70	114.40
65 - 69	136.40	190.30	282.70	115.50	161.70	228.80	93.50	130.90	177.10
70 - 74	207.90	290.40	452.10	167.20	234.30	347.60	138.60	193.60	273.90
75 - 79	308.00	431.20	732.60	251.90	353.10	570.90	207.90	291.50	449.90
80 - 84	405.90	589.60	864.60	342.10	497.20	696.30	282.70	411.40	547.80

Monthly premiums are 1/11 of the annual premium.
Other modes are multiples of the monthly rate.

Rates certify to a 60% anticipated loss ratio.

MLRS3358(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-3358
Gross Premium Code: 3358 - Rate Group: 3358
LONG TERM CARE

RATE SCHEDULE - Arkansas
For Forms Issued From 11/10/1987 Through 06/15/1992

First $40 of Daily Benefit

Issue Age	0Day EP Std Clss Premium	0Day EP 1Cnd Clss Premium	0Day EP 2Cnd Clss Premium	20Day EP Std Clss Premium	20Day EP 1Cnd Clss Premium	20Day EP 2Cnd Clss Premium	100Day EP Std Clss Premium	100Day EP 1Cnd Clss Premium	100Day EP 2Cnd Clss Premium
18 - 54	245.39	344.06	511.55	207.73	290.83	412.87	162.29	227.21	306.41
55 - 64	432.35	605.03	897.16	371.33	519.34	737.47	298.62	418.07	564.78
65 - 69	660.86	924.43	1,373.66	563.48	788.10	1,116.59	460.91	645.28	869.90
70 - 74	1,001.03	1,400.93	2,179.95	810.17	1,134.76	1,683.97	673.85	943.90	1,333.41
75 - 79	1,476.23	2,065.69	3,506.87	1,210.07	1,694.36	2,744.73	1,004.93	1,407.42	2,170.86
80 - 84	1,943.64	2,825.23	4,144.37	1,642.42	2,387.68	3,343.28	1,363.28	1,982.60	2,642.16

Additional $10 Increments

Issue Age	0Day EP Std Clss Premium	0Day EP 1Cnd Clss Premium	0Day EP 2Cnd Clss Premium	20Day EP Std Clss Premium	20Day EP 1Cnd Clss Premium	20Day EP 2Cnd Clss Premium	100Day EP Std Clss Premium	100Day EP 1Cnd Clss Premium	100Day EP 2Cnd Clss Premium
18 - 54	59.72	83.09	123.34	49.33	70.11	98.67	38.95	53.23	72.70
55 - 64	105.16	146.71	218.12	89.58	125.94	177.87	71.40	99.97	135.02
65 - 69	160.99	224.61	333.67	136.32	190.85	270.05	110.36	154.50	209.03
70 - 74	245.39	342.76	533.62	197.35	276.55	410.28	163.59	228.51	323.29
75 - 79	363.54	508.95	864.70	297.32	416.77	673.85	245.39	344.06	531.03
80 - 84	479.09	695.92	1,020.51	403.79	586.86	821.86	333.67	485.58	646.58

Monthly premiums are 1/11 of the annual premium.
Other modes are multiples of the monthly rate.

Rates certify to a 60% anticipated loss ratio.

MLRS3358(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-3358
Gross Premium Code: 3358A - Rate Group: 3358
LONG TERM CARE

RATE SCHEDULE - Arkansas
For Forms Issued From 11/10/1987 Through 06/15/1992

ANNUAL PREMIUMS PER $10 DAILY BENEFIT

Issue Age	0Day EP Std Clss Premium	0Day EP 1Cnd Clss Premium	0Day EP 2Cnd Clss Premium	20Day EP Std Clss Premium	20Day EP 1Cnd Clss Premium	20Day EP 2Cnd Clss Premium	100Day EP Std Clss Premium	100Day EP 1Cnd Clss Premium	100Day EP 2Cnd Clss Premium
18 - 54	51.70	72.60	107.80	44.00	60.50	86.90	34.10	47.30	63.80
55 - 64	91.30	127.60	189.20	78.10	108.90	155.10	62.70	88.00	118.80
65 - 69	138.60	194.70	289.30	117.70	165.00	234.30	96.80	135.30	182.60
70 - 74	211.20	294.80	458.70	170.50	238.70	354.20	141.90	198.00	280.50
75 - 79	311.30	435.60	740.30	255.20	357.50	578.60	211.20	295.90	457.60
80 - 84	410.30	596.20	874.50	346.50	503.80	705.10	287.10	416.90	556.60

Monthly premiums are 1/11 of the annual premium.
Other modes are multiples of the monthly rate.

Rates certify to a 60% anticipated loss ratio.

MLRS3358(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-3358
Gross Premium Code: 3358A - Rate Group: 3358
LONG TERM CARE

RATE SCHEDULE - Arkansas
For Forms Issued From 11/10/1987 Through 06/15/1992

ANNUAL PREMIUMS PER $10 DAILY BENEFIT

Issue Age	0Day EP Std Clss Premium	0Day EP 1Cnd Clss Premium	0Day EP 2Cnd Clss Premium	20Day EP Std Clss Premium	20Day EP 1Cnd Clss Premium	20Day EP 2Cnd Clss Premium	100Day EP Std Clss Premium	100Day EP 1Cnd Clss Premium	100Day EP 2Cnd Clss Premium
18 - 54	61.02	85.69	127.23	51.93	71.40	102.57	40.24	55.82	75.30
55 - 64	107.76	150.61	223.31	92.18	128.53	183.06	74.00	103.86	140.22
65 - 69	163.59	229.81	341.46	138.92	194.75	276.55	114.25	159.69	215.52
70 - 74	249.28	347.96	541.41	201.24	281.74	418.07	167.48	233.70	331.08
75 - 79	367.43	514.15	873.79	301.22	421.96	682.93	249.28	349.25	540.11
80 - 84	484.28	703.71	1,032.19	408.98	594.65	832.25	338.87	492.07	656.97

Monthly premiums are 1/11 of the annual premium.
Other modes are multiples of the monthly rate.

Rates certify to a 60% anticipated loss ratio.

MLRS3358(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR589R
Gross Premium Code: 589R - Rate Group: 3358
HOME HEALTH CARE RIDER

RATE SCHEDULE - Arkansas
For Forms Issued From 05/01/1989 Through 06/15/1992

Per $5 Home Health Care Visit

Issue Age	0Day EP Std Clss Premium	0Day EP 1Cnd Clss Premium	0Day EP 2Cnd Clss Premium	20Day EP Std Clss Premium	20Day EP 1Cnd Clss Premium	20Day EP 2Cnd Clss Premium	60Day EP Std Clss Premium	60Day EP 1Cnd Clss Premium	60Day EP 2Cnd Clss Premium
18 - 54	30.80	42.90	56.10	27.50	38.50	48.40	19.80	27.50	36.30
55 - 64	34.10	48.40	62.70	30.80	42.90	55.00	22.00	30.80	39.60
65 - 69	42.90	60.50	78.10	37.40	51.70	67.10	27.50	38.50	48.40
70 - 74	49.50	69.30	89.10	41.80	58.30	74.80	30.80	42.90	55.00
75 - 79	55.00	77.00	99.00	48.40	68.20	88.00	36.30	50.60	64.90
80 & OV	92.40	129.80	167.20	77.00	107.80	139.70	58.30	81.40	105.60

Monthly premiums are 1/11 of the annual premium.
Other modes are multiples of the monthly rate.

Rates certify to a 60% anticipated loss ratio.

MLRSR589R(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR589R
Gross Premium Code: 589R - Rate Group: 3358
HOME HEALTH CARE RIDER

RATE SCHEDULE - Arkansas
For Forms Issued From 05/01/1989 Through 06/15/1992

Per $5 Home Health Care Visit

Issue Age	0Day EP Std Clss Premium	0Day EP 1Cnd Clss Premium	0Day EP 2Cnd Clss Premium	20Day EP Std Clss Premium	20Day EP 1Cnd Clss Premium	20Day EP 2Cnd Clss Premium	60Day EP Std Clss Premium	60Day EP 1Cnd Clss Premium	60Day EP 2Cnd Clss Premium
18 - 54	36.35	50.63	66.21	32.45	45.44	57.12	23.37	32.45	42.84
55 - 64	40.24	57.12	74.00	36.35	50.63	64.91	25.96	36.35	46.74
65 - 69	50.63	71.40	92.18	44.14	61.02	79.20	32.45	45.44	57.12
70 - 74	58.42	81.79	105.16	49.33	68.81	88.28	36.35	50.63	64.91
75 - 79	64.91	90.88	116.85	57.12	80.49	103.86	42.84	59.72	76.60
80 & OV	109.06	153.20	197.35	90.88	127.23	164.89	68.81	96.07	124.64

Monthly premiums are 1/11 of the annual premium.
Other modes are multiples of the monthly rate.

Rates certify to a 60% anticipated loss ratio.

MLRSR589R(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-4458
Gross Premium Code: 4458 - Rate Group: 4458
LONG TERM CARE

RATE SCHEDULE - Arkansas
For Forms Issued From 10/30/1989 Through 06/17/1992

Rates for Individual Issues
Per $10 Daily Benefit

Issue Age	0Day EP Premium	20Day EP Premium	90Day EP Premium
40	128.40	112.80	74.40
41	132.00	115.20	75.60
42	134.40	118.80	78.00
43	138.00	121.20	79.20
44	140.40	124.80	80.40
45	144.00	127.20	84.00
46	147.60	130.80	86.40
47	152.40	133.20	88.80
48	157.20	135.60	92.40
49	160.80	139.20	94.80
50	165.60	141.60	98.40
51	170.40	145.20	100.80
52	174.00	148.80	104.40
53	178.80	153.60	108.00
54	184.80	158.40	112.80
55	190.80	162.00	117.60
56	195.60	168.00	121.20
57	201.60	174.00	127.20
58	208.80	181.20	133.20
59	218.40	188.40	139.20
60	228.00	198.00	145.20
61	238.80	207.60	152.40
62	252.00	219.60	160.80
63	267.60	234.00	171.60
64	285.60	250.80	184.80
65	306.00	266.40	198.00
66	326.40	284.40	212.40
67	345.60	301.20	226.80
68	374.40	326.40	247.20
69	404.40	351.60	267.60

Monthly premiums are 1/11 of the annual premium.
Other modes are multiples of the monthly rate.

Rates certify to a 60% anticipated loss ratio.

MLRS4458(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-4458
Gross Premium Code: 4458 - Rate Group: 4458
LONG TERM CARE

RATE SCHEDULE - Arkansas
For Forms Issued From 10/30/1989 Through 06/17/1992

Rates for Individual Issues
Per $10 Daily Benefit

Issue Age	0Day EP Premium	20Day EP Premium	90Day EP Premium
40	151.55	133.14	87.81
41	155.80	135.97	89.23
42	158.63	140.22	92.06
43	162.88	143.05	93.48
44	165.71	147.30	94.89
45	169.96	150.13	99.14
46	174.21	154.38	101.98
47	179.88	157.22	104.81
48	185.54	160.05	109.06
49	189.79	164.30	111.89
50	195.46	167.13	116.14
51	201.12	171.38	118.97
52	205.37	175.63	123.22
53	211.04	181.29	127.47
54	218.12	186.96	133.14
55	225.20	191.21	138.80
56	230.87	198.29	143.05
57	237.95	205.37	150.13
58	246.45	213.87	157.22
59	257.78	222.37	164.30
60	269.11	233.70	171.38
61	281.86	245.03	179.88
62	297.44	259.20	189.79
63	315.85	276.19	202.54
64	337.10	296.02	218.12
65	361.18	314.43	233.70
66	385.25	335.68	250.70
67	407.92	355.51	267.69
68	441.91	385.25	291.77
69	477.32	415.00	315.85

Monthly premiums are 1/11 of the annual premium.
Other modes are multiples of the monthly rate.

Rates certify to a 60% anticipated loss ratio.

MLRS4458(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-4458
Gross Premium Code: 4458 - Rate Group: 4458
LONG TERM CARE

RATE SCHEDULE - Arkansas
For Forms Issued From 10/30/1989 Through 06/17/1992

Rates per Individual for Husband and Wife Issues
Per $10 Daily Benefit

Issue Age	0Day EP Premium	20Day EP Premium	90Day EP Premium
40	110.40	94.80	62.40
41	112.80	98.40	64.80
42	114.00	100.80	66.00
43	117.60	104.40	67.20
44	120.00	105.60	68.40
45	121.20	108.00	70.80
46	126.00	111.60	73.20
47	128.40	112.80	75.60
48	133.20	115.20	79.20
49	138.00	118.80	80.40
50	140.40	120.00	84.00
51	145.20	122.40	86.40
52	147.60	127.20	87.60
53	152.40	130.80	92.40
54	157.20	134.40	94.80
55	162.00	138.00	99.60
56	166.80	144.00	104.40
57	171.60	147.60	108.00
58	178.80	153.60	112.80
59	186.00	160.80	118.80
60	194.40	168.00	122.40
61	204.00	177.60	128.40
62	213.60	187.20	138.00
63	228.00	199.20	145.20
64	243.60	212.40	157.20
65	260.40	226.80	168.00
66	278.40	241.20	180.00
67	294.00	256.80	193.20
68	319.20	278.40	211.20
69	344.40	298.80	228.00

Monthly premiums are 1/11 of the annual premium.
Other modes are multiples of the monthly rate.

Rates certify to a 60% anticipated loss ratio.

MLRS4458(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-4458
Gross Premium Code: 4458 - Rate Group: 4458
LONG TERM CARE

RATE SCHEDULE - Arkansas
For Forms Issued From 10/30/1989 Through 06/17/1992

Rates per Individual for Husband and Wife Issues
Per $10 Daily Benefit

Issue Age	0Day EP Premium	20Day EP Premium	90Day EP Premium
40	130.30	111.89	73.65
41	133.14	116.14	76.48
42	134.55	118.97	77.90
43	138.80	123.22	79.31
44	141.63	124.64	80.73
45	143.05	127.47	83.56
46	148.72	131.72	86.40
47	151.55	133.14	89.23
48	157.22	135.97	93.48
49	162.88	140.22	94.89
50	165.71	141.63	99.14
51	171.38	144.47	101.98
52	174.21	150.13	103.39
53	179.88	154.38	109.06
54	185.54	158.63	111.89
55	191.21	162.88	117.56
56	196.87	169.96	123.22
57	202.54	174.21	127.47
58	211.04	181.29	133.14
59	219.54	189.79	140.22
60	229.45	198.29	144.47
61	240.78	209.62	151.55
62	252.11	220.95	162.88
63	269.11	235.12	171.38
64	287.52	250.70	185.54
65	307.35	267.69	198.29
66	328.60	284.69	212.45
67	347.01	303.10	228.03
68	376.76	328.60	249.28
69	406.50	352.68	269.11

Monthly premiums are 1/11 of the annual premium.
Other modes are multiples of the monthly rate.

Rates certify to a 60% anticipated loss ratio.

MLRS4458(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR284
Gross Premium Code: 284A - Rate Group: 691
LONG TERM CARE INFLATION RIDER

RATE SCHEDULE - Arkansas
For Forms Issued From 01/21/1992 Through 09/02/1997

2 Year Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

Issue Age	0Day EP Preferred Premium	20Day EP Preferred Premium	90Day EP Preferred Premium	180Day EP Preferred Premium
40	14.40	12.00	10.80	10.80
41	14.40	12.00	10.80	10.80
42	15.60	13.20	12.00	10.80
43	15.60	13.20	12.00	12.00
44	18.00	14.40	12.00	12.00
45	18.00	14.40	13.20	12.00
46	19.20	15.60	14.40	13.20
47	20.40	18.00	14.40	13.20
48	21.60	18.00	15.60	14.40
49	21.60	19.20	18.00	14.40
50	24.00	20.40	19.20	15.60
51	25.20	21.60	19.20	15.60
52	26.40	24.00	20.40	18.00
53	27.60	25.20	21.60	19.20
54	31.20	26.40	24.00	19.20
55	32.40	27.60	24.00	20.40
56	33.60	28.80	25.20	21.60
57	37.20	31.20	26.40	24.00
58	38.40	32.40	27.60	24.00
59	39.60	34.80	28.80	25.20
60	42.00	37.20	31.20	26.40
61	44.40	38.40	32.40	27.60
62	46.80	39.60	34.80	28.80
63	49.20	42.00	37.20	31.20
64	52.80	44.40	38.40	33.60
65	55.20	46.80	40.80	34.80
66	58.80	49.20	42.00	37.20
67	61.20	52.80	45.60	39.60
68	64.80	55.20	48.00	40.80
69	67.20	58.80	49.20	44.40
70	70.80	61.20	52.80	45.60
71	73.20	64.80	55.20	48.00
72	78.00	67.20	58.80	49.20
73	81.60	70.80	60.00	52.80
74	85.20	73.20	62.40	54.00
75	88.80	78.00	64.80	55.20
76	92.40	80.40	67.20	58.80
77	97.20	84.00	70.80	60.00
78	100.80	87.60	73.20	62.40
79	105.60	91.20	78.00	66.00
80	110.40	94.80	81.60	68.40
81	114.00	98.40	85.20	72.00
82	118.80	102.00	87.60	75.60
83	122.40	106.80	92.40	79.20
84	127.20	110.40	94.80	80.40

Standard rates are Preferred Rates times 1.5 - rounded to the near Dollar
Select rates are Preferred Rates times 3.5 - rounded to the near Dollar

Monthly direct-billed premiums are 1/11 of the annual premiums.
Monthly P-O-M premiums are 1/12 of the annual premiums.
Other modes - Semiannual factor 0.52, Quarterly factor 0.27.
Bi-monthly mode is two times the monthly mode.

Rates certify to a 60% anticipated loss ratio.

MLRSR284(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR284
Gross Premium Code: 284A - Rate Group: 691
LONG TERM CARE INFLATION RIDER

RATE SCHEDULE - Arkansas
For Forms Issued From 01/21/1992 Through 09/02/1997

2 Year Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

Issue Age	0Day EP Preferred Premium	20Day EP Preferred Premium	90Day EP Preferred Premium	180Day EP Preferred Premium
40	16.99	14.16	12.74	12.74
41	16.99	14.16	12.74	12.74
42	18.41	15.58	14.16	12.74
43	18.41	15.58	14.16	14.16
44	21.24	16.99	14.16	14.16
45	21.24	16.99	15.58	14.16
46	22.66	18.41	16.99	15.58
47	24.07	21.24	16.99	15.58
48	25.49	21.24	18.41	16.99
49	25.49	22.66	21.24	16.99
50	28.32	24.07	22.66	18.41
51	29.74	25.49	22.66	18.41
52	31.16	28.32	24.07	21.24
53	32.57	29.74	25.49	22.66
54	36.82	31.16	28.32	22.66
55	38.24	32.57	28.32	24.07
56	39.65	33.99	29.74	25.49
57	43.90	36.82	31.16	28.32
58	45.32	38.24	32.57	28.32
59	46.74	41.07	33.99	29.74
60	49.57	43.90	36.82	31.16
61	52.40	45.32	38.24	32.57
62	55.23	46.74	41.07	33.99
63	58.07	49.57	43.90	36.82
64	62.32	52.40	45.32	39.65
65	65.15	55.23	48.15	41.07
66	69.40	58.07	49.57	43.90
67	72.23	62.32	53.82	46.74
68	76.48	65.15	56.65	48.15
69	79.31	69.40	58.07	52.40
70	83.56	72.23	62.32	53.82
71	86.40	76.48	65.15	56.65
72	92.06	79.31	69.40	58.07
73	96.31	83.56	70.81	62.32
74	100.56	86.40	73.65	63.73
75	104.81	92.06	76.48	65.15
76	109.06	94.89	79.31	69.40
77	114.72	99.14	83.56	70.81
78	118.97	103.39	86.40	73.65
79	124.64	107.64	92.06	77.90
80	130.30	111.89	96.31	80.73
81	134.55	116.14	100.56	84.98
82	140.22	120.39	103.39	89.23
83	144.47	126.05	109.06	93.48
84	150.13	130.30	111.89	94.89

Standard rates are Preferred Rates times 1.5 - rounded to the near Dollar
Select rates are Preferred Rates times 3.5 - rounded to the near Dollar

Monthly direct-billed premiums are 1/11 of the annual premiums.
Monthly P-O-M premiums are 1/12 of the annual premiums.
Other modes - Semiannual factor 0.52, Quarterly factor 0.27.
Bi-monthly mode is two times the monthly mode.

Rates certify to a 60% anticipated loss ratio.

MLRSR284(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR284
Gross Premium Code: 284B - Rate Group: 691
LONG TERM CARE INFLATION RIDER

RATE SCHEDULE - Arkansas
For Forms Issued From 01/21/1992 Through 09/02/1997

3 Year Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

Issue Age	0Day EP Preferred Premium	20Day EP Preferred Premium	90Day EP Preferred Premium	180Day EP Preferred Premium
40	18.00	15.60	13.20	12.00
41	18.00	15.60	14.40	13.20
42	19.20	18.00	15.60	13.20
43	20.40	19.20	15.60	14.40
44	21.60	19.20	18.00	15.60
45	21.60	20.40	18.00	15.60
46	24.00	21.60	19.20	18.00
47	25.20	24.00	19.20	18.00
48	26.40	25.20	20.40	19.20
49	27.60	26.40	21.60	20.40
50	31.20	27.60	24.00	20.40
51	32.40	28.80	24.00	21.60
52	33.60	31.20	25.20	24.00
53	34.80	32.40	26.40	25.20
54	38.40	33.60	27.60	26.40
55	39.60	34.80	28.80	27.60
56	42.00	37.20	32.40	28.80
57	44.40	39.60	33.60	31.20
58	46.80	40.80	34.80	32.40
59	49.20	44.40	38.40	33.60
60	52.80	46.80	40.80	34.80
61	55.20	49.20	42.00	38.40
62	58.80	52.80	45.60	39.60
63	62.40	55.20	46.80	42.00
64	66.00	57.60	49.20	44.40
65	68.40	60.00	52.80	46.80
66	73.20	62.40	55.20	48.00
67	78.00	67.20	57.60	51.60
68	81.60	70.80	60.00	52.80
69	86.40	73.20	62.40	55.20
70	91.20	78.00	67.20	58.80
71	94.80	81.60	70.80	61.20
72	98.40	85.20	73.20	62.40
73	102.00	88.80	78.00	66.00
74	106.80	93.60	80.40	68.40
75	111.60	98.40	85.20	72.00
76	115.20	100.80	87.60	75.60
77	121.20	105.60	91.20	79.20
78	126.00	110.40	94.80	81.60
79	132.00	114.00	98.40	85.20

Standard rates are Preferred Rates times 1.5 - rounded to the near Dollar
Select rates are Preferred Rates times 3.5 - rounded to the near Dollar

Monthly direct-billed premiums are 1/11 of the annual premiums.
Monthly P-O-M premiums are 1/12 of the annual premiums.
Other modes - Semiannual factor 0.52, Quarterly factor 0.27.
Bi-monthly mode is two times the monthly mode.

Rates certify to a 60% anticipated loss ratio.

MLRSR284(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR284
Gross Premium Code: 284B - Rate Group: 691
LONG TERM CARE INFLATION RIDER

RATE SCHEDULE - Arkansas
For Forms Issued From 01/21/1992 Through 09/02/1997

3 Year Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

Issue Age	0Day EP Preferred Premium	20Day EP Preferred Premium	90Day EP Preferred Premium	180Day EP Preferred Premium
40	21.24	18.41	15.58	14.16
41	21.24	18.41	16.99	15.58
42	22.66	21.24	18.41	15.58
43	24.07	22.66	18.41	16.99
44	25.49	22.66	21.24	18.41
45	25.49	24.07	21.24	18.41
46	28.32	25.49	22.66	21.24
47	29.74	28.32	22.66	21.24
48	31.16	29.74	24.07	22.66
49	32.57	31.16	25.49	24.07
50	36.82	32.57	28.32	24.07
51	38.24	33.99	28.32	25.49
52	39.65	36.82	29.74	28.32
53	41.07	38.24	31.16	29.74
54	45.32	39.65	32.57	31.16
55	46.74	41.07	33.99	32.57
56	49.57	43.90	38.24	33.99
57	52.40	46.74	39.65	36.82
58	55.23	48.15	41.07	38.24
59	58.07	52.40	45.32	39.65
60	62.32	55.23	48.15	41.07
61	65.15	58.07	49.57	45.32
62	69.40	62.32	53.82	46.74
63	73.65	65.15	55.23	49.57
64	77.90	67.98	58.07	52.40
65	80.73	70.81	62.32	55.23
66	86.40	73.65	65.15	56.65
67	92.06	79.31	67.98	60.90
68	96.31	83.56	70.81	62.32
69	101.98	86.40	73.65	65.15
70	107.64	92.06	79.31	69.40
71	111.89	96.31	83.56	72.23
72	116.14	100.56	86.40	73.65
73	120.39	104.81	92.06	77.90
74	126.05	110.47	94.89	80.73
75	131.72	116.14	100.56	84.98
76	135.97	118.97	103.39	89.23
77	143.05	124.64	107.64	93.48
78	148.72	130.30	111.89	96.31
79	155.80	134.55	116.14	100.56

Standard rates are Preferred Rates times 1.5 - rounded to the near Dollar
Select rates are Preferred Rates times 3.5 - rounded to the near Dollar

Monthly direct-billed premiums are 1/11 of the annual premiums.
Monthly P-O-M premiums are 1/12 of the annual premiums.
Other modes - Semiannual factor 0.52, Quarterly factor 0.27.
Bi-monthly mode is two times the monthly mode.

Rates certify to a 60% anticipated loss ratio.

MLRSR284(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR284
Gross Premium Code: 284C - Rate Group: 691
LONG TERM CARE INFLATION RIDER

RATE SCHEDULE - Arkansas
For Forms Issued From 01/21/1992 Through 09/02/1997

5 Year Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

Issue Age	0Day EP Preferred Premium	20Day EP Preferred Premium	90Day EP Preferred Premium	180Day EP Preferred Premium
40	21.60	20.40	19.20	15.60
41	24.00	21.60	19.20	15.60
42	25.20	21.60	20.40	18.00
43	26.40	24.00	20.40	18.00
44	27.60	25.20	21.60	19.20
45	28.80	25.20	24.00	20.40
46	31.20	26.40	25.20	20.40
47	32.40	27.60	26.40	21.60
48	33.60	28.80	27.60	24.00
49	37.20	31.20	27.60	25.20
50	38.40	32.40	28.80	26.40
51	39.60	34.80	31.20	27.60
52	42.00	37.20	33.60	28.80
53	45.60	39.60	34.80	31.20
54	48.00	42.00	37.20	32.40
55	51.60	44.40	38.40	33.60
56	54.00	46.80	40.80	37.20
57	57.60	49.20	42.00	38.40
58	60.00	52.80	45.60	39.60
59	62.40	55.20	48.00	42.00
60	66.00	58.80	49.20	44.40
61	70.80	61.20	52.80	46.80
62	73.20	64.80	55.20	49.20
63	79.20	68.40	58.80	51.60
64	81.60	72.00	61.20	54.00
65	86.40	75.60	64.80	57.60
66	91.20	80.40	68.40	60.00
67	94.80	85.20	72.00	62.40
68	100.80	87.60	75.60	66.00
69	105.60	92.40	80.40	68.40
70	110.40	97.20	85.20	73.20
71	115.20	100.80	87.60	78.00
72	120.00	105.60	92.40	80.40
73	126.00	110.40	94.80	84.00
74	132.00	114.00	99.60	86.40
75	138.00	118.80	102.00	88.80
76	141.60	122.40	106.80	92.40
77	147.60	127.20	110.40	94.80
78	153.60	133.20	114.00	99.60
79	159.60	139.20	118.80	102.00

Standard rates are Preferred Rates times 1.5 - rounded to the near Dollar
Select rates are Preferred Rates times 3.5 - rounded to the near Dollar

Monthly direct-billed premiums are 1/11 of the annual premiums.
Monthly P-O-M premiums are 1/12 of the annual premiums.
Other modes - Semiannual factor 0.52, Quarterly factor 0.27.
Bi-monthly mode is two times the monthly mode.

Rates certify to a 60% anticipated loss ratio.

MLRSR284(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR284
Gross Premium Code: 284C - Rate Group: 691
LONG TERM CARE INFLATION RIDER

RATE SCHEDULE - Arkansas
For Forms Issued From 01/21/1992 Through 09/02/1997

5 Year Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

Issue Age	0Day EP Preferred Premium	20Day EP Preferred Premium	90Day EP Preferred Premium	180Day EP Preferred Premium
40	25.49	24.07	22.66	18.41
41	28.32	25.49	22.66	18.41
42	29.74	25.49	24.07	21.24
43	31.16	28.32	24.07	21.24
44	32.57	29.74	25.49	22.66
45	33.99	29.74	28.32	24.07
46	36.82	31.16	29.74	24.07
47	38.24	32.57	31.16	25.49
48	39.65	33.99	32.57	28.32
49	43.90	36.82	32.57	29.74
50	45.32	38.24	33.99	31.16
51	46.74	41.07	36.82	32.57
52	49.57	43.90	39.65	33.99
53	53.82	46.74	41.07	36.82
54	56.65	49.57	43.90	38.24
55	60.90	52.40	45.32	39.65
56	63.73	55.23	48.15	43.90
57	67.98	58.07	49.57	45.32
58	70.81	62.32	53.82	46.74
59	73.65	65.15	56.65	49.57
60	77.90	69.40	58.07	52.40
61	83.56	72.23	62.32	55.23
62	86.40	76.48	65.15	58.07
63	93.48	80.73	69.40	60.90
64	96.31	84.98	72.23	63.73
65	101.98	89.23	76.48	67.98
66	107.64	94.89	80.73	70.81
67	111.89	100.56	84.98	73.65
68	118.97	103.39	89.23	77.90
69	124.64	109.06	94.89	80.73
70	130.30	114.72	100.56	86.40
71	135.97	118.97	103.39	92.06
72	141.63	124.64	109.06	94.89
73	148.72	130.30	111.89	99.14
74	155.80	134.55	117.56	101.98
75	162.88	140.22	120.39	104.81
76	167.13	144.47	126.05	109.06
77	174.21	150.13	130.30	111.89
78	181.29	157.22	134.55	117.56
79	188.38	164.30	140.22	120.39

Standard rates are Preferred Rates times 1.5 - rounded to the near Dollar
Select rates are Preferred Rates times 3.5 - rounded to the near Dollar

Monthly direct-billed premiums are 1/11 of the annual premiums.
Monthly P-O-M premiums are 1/12 of the annual premiums.
Other modes - Semiannual factor 0.52, Quarterly factor 0.27.
Bi-monthly mode is two times the monthly mode.

Rates certify to a 60% anticipated loss ratio.

MLRSR284(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR284
Gross Premium Code: 284D - Rate Group: 691
LONG TERM CARE INFLATION RIDER

RATE SCHEDULE - Arkansas
For Forms Issued From 01/21/1992 Through 09/02/1997

10 Year Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

Issue Age	0Day EP Preferred Premium	20Day EP Preferred Premium	90Day EP Preferred Premium	180Day EP Preferred Premium
40	26.40	24.00	20.40	18.00
41	27.60	25.20	21.60	19.20
42	28.80	26.40	24.00	20.40
43	31.20	26.40	25.20	20.40
44	32.40	27.60	26.40	21.60
45	34.80	28.80	26.40	24.00
46	37.20	31.20	27.60	25.20
47	38.40	33.60	28.80	26.40
48	39.60	34.80	31.20	27.60
49	42.00	37.20	32.40	28.80
50	45.60	39.60	33.60	31.20
51	46.80	40.80	37.20	32.40
52	49.20	44.40	38.40	33.60
53	52.80	46.80	39.60	37.20
54	55.20	48.00	42.00	38.40
55	58.80	51.60	45.60	40.80
56	61.20	54.00	46.80	42.00
57	64.80	57.60	49.20	44.40
58	68.40	60.00	52.80	46.80
59	72.00	62.40	55.20	48.00
60	78.00	67.20	58.80	51.60
61	81.60	70.80	61.20	52.80
62	86.40	73.20	64.80	55.20
63	91.20	79.20	67.20	58.80
64	94.80	84.00	72.00	61.20
65	98.40	86.40	75.60	64.80
66	102.00	91.20	80.40	67.20
67	108.00	94.80	84.00	70.80
68	112.80	99.60	86.40	73.20
69	117.60	104.40	91.20	79.20
70	122.40	106.80	93.60	81.60
71	127.20	111.60	97.20	85.20
72	134.40	115.20	100.80	88.80
73	139.20	120.00	105.60	92.40
74	145.20	124.80	108.00	94.80
75	148.80	128.40	112.80	98.40
76	154.80	134.40	117.60	100.80
77	160.80	140.40	121.20	104.40
78	166.80	145.20	126.00	108.00
79	174.00	151.20	132.00	111.60

Standard rates are Preferred Rates times 1.5 - rounded to the near Dollar
Select rates are Preferred Rates times 3.5 - rounded to the near Dollar

Monthly direct-billed premiums are 1/11 of the annual premiums.
Monthly P-O-M premiums are 1/12 of the annual premiums.
Other modes - Semiannual factor 0.52, Quarterly factor 0.27.
Bi-monthly mode is two times the monthly mode.

Rates certify to a 60% anticipated loss ratio.

MLRSR284(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR284
Gross Premium Code: 284D - Rate Group: 691
LONG TERM CARE INFLATION RIDER

RATE SCHEDULE - Arkansas
For Forms Issued From 01/21/1992 Through 09/02/1997

10 Year Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

Issue Age	0Day EP Preferred Premium	20Day EP Preferred Premium	90Day EP Preferred Premium	180Day EP Preferred Premium
40	31.16	28.32	24.07	21.24
41	32.57	29.74	25.49	22.66
42	33.99	31.16	28.32	24.07
43	36.82	31.16	29.74	24.07
44	38.24	32.57	31.16	25.49
45	41.07	33.99	31.16	28.32
46	43.90	36.82	32.57	29.74
47	45.32	39.65	33.99	31.16
48	46.74	41.07	36.82	32.57
49	49.57	43.90	38.24	33.99
50	53.82	46.74	39.65	36.82
51	55.23	48.15	43.90	38.24
52	58.07	52.40	45.32	39.65
53	62.32	55.23	46.74	43.90
54	65.15	56.65	49.57	45.32
55	69.40	60.90	53.82	48.15
56	72.23	63.73	55.23	49.57
57	76.48	67.98	58.07	52.40
58	80.73	70.81	62.32	55.23
59	84.98	73.65	65.15	56.65
60	92.06	79.31	69.40	60.90
61	96.31	83.56	72.23	62.32
62	101.98	86.40	76.48	65.15
63	107.64	93.48	79.31	69.40
64	111.89	99.14	84.98	72.23
65	116.14	101.98	89.23	76.48
66	120.39	107.64	94.89	79.31
67	127.47	111.89	99.14	83.56
68	133.14	117.56	101.98	86.40
69	138.80	123.22	107.64	93.48
70	144.47	126.05	110.47	96.31
71	150.13	131.72	114.72	100.56
72	158.63	135.97	118.97	104.81
73	164.30	141.63	124.64	109.06
74	171.38	147.30	127.47	111.89
75	175.63	151.55	133.14	116.14
76	182.71	158.63	138.80	118.97
77	189.79	165.71	143.05	123.22
78	196.87	171.38	148.72	127.47
79	205.37	178.46	155.80	131.72

Standard rates are Preferred Rates times 1.5 - rounded to the near Dollar
Select rates are Preferred Rates times 3.5 - rounded to the near Dollar

Monthly direct-billed premiums are 1/11 of the annual premiums.
Monthly P-O-M premiums are 1/12 of the annual premiums.
Other modes - Semiannual factor 0.52, Quarterly factor 0.27.
Bi-monthly mode is two times the monthly mode.

Rates certify to a 60% anticipated loss ratio.

MLRSR284(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR284
Gross Premium Code: 284E - Rate Group: 691
LONG TERM CARE INFLATION RIDER

RATE SCHEDULE - Arkansas
For Forms Issued From 01/21/1992 Through 09/02/1997

Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

Issue Age	0Day EP Preferred Premium	20Day EP Preferred Premium	90Day EP Preferred Premium	180Day EP Preferred Premium
40	27.60	25.20	21.60	20.40
41	28.80	26.40	24.00	20.40
42	31.20	27.60	24.00	21.60
43	32.40	28.80	25.20	24.00
44	33.60	31.20	26.40	24.00
45	37.20	32.40	27.60	25.20
46	38.40	33.60	28.80	26.40
47	40.80	34.80	31.20	27.60
48	42.00	37.20	33.60	28.80
49	45.60	39.60	34.80	31.20
50	46.80	40.80	37.20	32.40
51	49.20	44.40	38.40	33.60
52	52.80	46.80	40.80	34.80
53	55.20	48.00	42.00	37.20
54	58.80	51.60	45.60	38.40
55	61.20	52.80	46.80	40.80
56	64.80	55.20	49.20	42.00
57	67.20	58.80	52.80	45.60
58	72.00	61.20	54.00	48.00
59	75.60	64.80	57.60	49.20
60	79.20	68.40	60.00	52.80
61	84.00	72.00	62.40	55.20
62	87.60	75.60	66.00	58.80
63	92.40	80.40	68.40	61.20
64	97.20	85.20	72.00	64.80
65	100.80	87.60	78.00	67.20
66	106.80	92.40	80.40	70.80
67	111.60	97.20	85.20	73.20
68	115.20	100.80	88.80	78.00
69	121.20	105.60	92.40	80.40
70	126.00	110.40	97.20	84.00
71	133.20	115.20	100.80	87.60
72	138.00	120.00	104.40	91.20
73	144.00	124.80	108.00	93.60
74	148.80	128.40	112.80	97.20
75	153.60	134.40	115.20	99.60
76	159.60	139.20	120.00	104.40
77	165.60	145.20	124.80	106.80
78	172.80	148.80	127.20	110.40
79	178.80	153.60	133.20	114.00

Standard rates are Preferred Rates times 1.5 - rounded to the near Dollar
Select rates are Preferred Rates times 3.5 - rounded to the near Dollar

Monthly direct-billed premiums are 1/11 of the annual premiums.
Monthly P-O-M premiums are 1/12 of the annual premiums.
Other modes - Semiannual factor 0.52, Quarterly factor 0.27.
Bi-monthly mode is two times the monthly mode.

Rates certify to a 60% anticipated loss ratio.

MLRSR284(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR284
Gross Premium Code: 284E - Rate Group: 691
LONG TERM CARE INFLATION RIDER

RATE SCHEDULE - Arkansas
For Forms Issued From 01/21/1992 Through 09/02/1997

Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

Issue Age	0Day EP Preferred Premium	20Day EP Preferred Premium	90Day EP Preferred Premium	180Day EP Preferred Premium
40	32.57	29.74	25.49	24.07
41	33.99	31.16	28.32	24.07
42	36.82	32.57	28.32	25.49
43	38.24	33.99	29.74	28.32
44	39.65	36.82	31.16	28.32
45	43.90	38.24	32.57	29.74
46	45.32	39.65	33.99	31.16
47	48.15	41.07	36.82	32.57
48	49.57	43.90	39.65	33.99
49	53.82	46.74	41.07	36.82
50	55.23	48.15	43.90	38.24
51	58.07	52.40	45.32	39.65
52	62.32	55.23	48.15	41.07
53	65.15	56.65	49.57	43.90
54	69.40	60.90	53.82	45.32
55	72.23	62.32	55.23	48.15
56	76.48	65.15	58.07	49.57
57	79.31	69.40	62.32	53.82
58	84.98	72.23	63.73	56.65
59	89.23	76.48	67.98	58.07
60	93.48	80.73	70.81	62.32
61	99.14	84.98	73.65	65.15
62	103.39	89.23	77.90	69.40
63	109.06	94.89	80.73	72.23
64	114.72	100.56	84.98	76.48
65	118.97	103.39	92.06	79.31
66	126.05	109.06	94.89	83.56
67	131.72	114.72	100.56	86.40
68	135.97	118.97	104.81	92.06
69	143.05	124.64	109.06	94.89
70	148.72	130.30	114.72	99.14
71	157.22	135.97	118.97	103.39
72	162.88	141.63	123.22	107.64
73	169.96	147.30	127.47	110.47
74	175.63	151.55	133.14	114.72
75	181.29	158.63	135.97	117.56
76	188.38	164.30	141.63	123.22
77	195.46	171.38	147.30	126.05
78	203.96	175.63	150.13	130.30
79	211.04	181.29	157.22	134.55

Standard rates are Preferred Rates times 1.5 - rounded to the near Dollar
Select rates are Preferred Rates times 3.5 - rounded to the near Dollar

Monthly direct-billed premiums are 1/11 of the annual premiums.
Monthly P-O-M premiums are 1/12 of the annual premiums.
Other modes - Semiannual factor 0.52, Quarterly factor 0.27.
Bi-monthly mode is two times the monthly mode.

Rates certify to a 60% anticipated loss ratio.

MLRSR284(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT691
Gross Premium Code: 691A - Rate Group: 691
LONG TERM CARE POLICY

RATE SCHEDULE - Arkansas
For Forms Issued From 01/21/1992 Through 09/02/1997

Waiver of Premium

2 Year Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

Issue Age	0Day EP Preferred Premium	20Day EP Preferred Premium	90Day EP Preferred Premium	180Day EP Preferred Premium
40	19.20	18.00	15.60	14.40
41	20.40	18.00	15.60	14.40
42	20.40	19.20	15.60	14.40
43	20.40	19.20	18.00	14.40
44	21.60	19.20	18.00	15.60
45	21.60	20.40	18.00	15.60
46	21.60	20.40	19.20	18.00
47	24.00	21.60	19.20	18.00
48	25.20	21.60	20.40	18.00
49	25.20	24.00	20.40	19.20
50	26.40	24.00	21.60	19.20
51	27.60	25.20	24.00	20.40
52	28.80	26.40	25.20	21.60
53	32.40	28.80	26.40	24.00
54	33.60	31.20	27.60	25.20
55	37.20	33.60	31.20	26.40
56	40.80	34.80	32.40	28.80
57	44.40	38.40	34.80	31.20
58	46.80	40.80	37.20	33.60
59	51.60	45.60	39.60	37.20
60	55.20	48.00	42.00	39.60
61	61.20	52.80	46.80	42.00
62	67.20	58.80	51.60	45.60
63	73.20	64.80	55.20	49.20
64	81.60	70.80	61.20	55.20
65	91.20	79.20	68.40	61.20
66	99.60	87.60	78.00	67.20
67	111.60	97.20	85.20	75.60
68	122.40	106.80	94.80	84.00
69	138.00	118.80	105.60	92.40
70	153.60	134.40	115.20	102.00
71	172.80	148.80	128.40	112.80
72	192.00	166.80	145.20	126.00
73	214.80	186.00	160.80	140.40
74	240.00	207.60	180.00	157.20
75	267.60	232.80	199.20	175.20
76	297.60	258.00	220.80	193.20
77	330.00	284.40	244.80	213.60
78	363.60	313.20	268.80	235.20
79	403.20	345.60	297.60	259.20
80	446.40	385.20	330.00	285.60
81	500.40	430.80	368.40	319.20
82	566.40	484.80	414.00	357.60
83	643.20	550.80	470.40	404.40
84	733.20	627.60	532.80	457.20

Standard rates are Preferred Rates times 1.5 - rounded to the near Dollar
Select rates are Preferred Rates times 3.5 - rounded to the near Dollar

Monthly direct-billed premiums are 1/11 of the annual premiums.
Monthly P-O-M premiums are 1/12 of the annual premiums.
Other modes - Semiannual factor 0.52, Quarterly factor 0.27.
Bi-monthly mode is two times the monthly mode.

Rates certify to a 60% anticipated loss ratio.

A $20.00 Policy Fee is added to the first premium.

MLRS691(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT691
Gross Premium Code: 691A - Rate Group: 691
LONG TERM CARE POLICY

RATE SCHEDULE - Arkansas
For Forms Issued From 01/21/1992 Through 09/02/1997

Waiver of Premium

2 Year Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

Issue Age	0Day EP Preferred Premium	20Day EP Preferred Premium	90Day EP Preferred Premium	180Day EP Preferred Premium
40	22.66	21.24	18.41	16.99
41	24.07	21.24	18.41	16.99
42	24.07	22.66	18.41	16.99
43	24.07	22.66	21.24	16.99
44	25.49	22.66	21.24	18.41
45	25.49	24.07	21.24	18.41
46	25.49	24.07	22.66	21.24
47	28.32	25.49	22.66	21.24
48	29.74	25.49	24.07	21.24
49	29.74	28.32	24.07	22.66
50	31.16	28.32	25.49	22.66
51	32.57	29.74	28.32	24.07
52	33.99	31.16	29.74	25.49
53	38.24	33.99	31.16	28.32
54	39.65	36.82	32.57	29.74
55	43.90	39.65	36.82	31.16
56	48.15	41.07	38.24	33.99
57	52.40	45.32	41.07	36.82
58	55.23	48.15	43.90	39.65
59	60.90	53.82	46.74	43.90
60	65.15	56.65	49.57	46.74
61	72.23	62.32	55.23	49.57
62	79.31	69.40	60.90	53.82
63	86.40	76.48	65.15	58.07
64	96.31	83.56	72.23	65.15
65	107.64	93.48	80.73	72.23
66	117.56	103.39	92.06	79.31
67	131.72	114.72	100.56	89.23
68	144.47	126.05	111.89	99.14
69	162.88	140.22	124.64	109.06
70	181.29	158.63	135.97	120.39
71	203.96	175.63	151.55	133.14
72	226.62	196.87	171.38	148.72
73	253.53	219.54	189.79	165.71
74	283.27	245.03	212.45	185.54
75	315.85	274.78	235.12	206.79
76	351.26	304.52	260.61	228.03
77	389.50	335.68	288.94	252.11
78	429.16	369.67	317.27	277.61
79	475.90	407.92	351.26	305.94
80	526.89	454.66	389.50	337.10
81	590.63	508.48	434.83	376.76
82	668.53	572.22	488.65	422.08
83	759.18	650.12	555.22	477.32
84	865.41	740.77	628.87	539.64

Standard rates are Preferred Rates times 1.5 - rounded to the near Dollar
Select rates are Preferred Rates times 3.5 - rounded to the near Dollar

Monthly direct-billed premiums are 1/11 of the annual premiums.
Monthly P-O-M premiums are 1/12 of the annual premiums.
Other modes - Semiannual factor 0.52, Quarterly factor 0.27.
Bi-monthly mode is two times the monthly mode.

Rates certify to a 60% anticipated loss ratio.

A $20.00 Policy Fee is added to the first premium.

MLRS691(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT691
Gross Premium Code: 691B - Rate Group: 691
LONG TERM CARE POLICY

RATE SCHEDULE - Arkansas
For Forms Issued From 01/21/1992 Through 09/02/1997

Waiver of Premium

3 Year Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

Issue Age	0Day EP Preferred Premium	20Day EP Preferred Premium	90Day EP Preferred Premium	180Day EP Preferred Premium
40	21.60	19.20	19.20	18.00
41	21.60	20.40	19.20	18.00
42	21.60	20.40	19.20	18.00
43	24.00	20.40	20.40	18.00
44	24.00	21.60	20.40	19.20
45	25.20	21.60	20.40	19.20
46	26.40	24.00	21.60	20.40
47	27.60	25.20	21.60	20.40
48	28.80	26.40	24.00	21.60
49	31.20	26.40	25.20	21.60
50	32.40	27.60	26.40	24.00
51	33.60	31.20	27.60	25.20
52	37.20	32.40	28.80	26.40
53	39.60	33.60	32.40	27.60
54	42.00	37.20	33.60	28.80
55	45.60	39.60	37.20	32.40
56	48.00	42.00	39.60	33.60
57	52.80	46.80	42.00	37.20
58	57.60	49.20	45.60	40.80
59	62.40	55.20	49.20	44.40
60	68.40	60.00	54.00	48.00
61	78.00	66.00	58.80	52.80
62	85.20	73.20	64.80	58.80
63	92.40	80.40	70.80	62.40
64	102.00	88.80	79.20	68.40
65	112.80	99.60	87.60	78.00
66	124.80	110.40	97.20	86.40
67	140.40	121.20	106.80	94.80
68	154.80	138.00	118.80	105.60
69	175.20	152.40	134.40	117.60
70	194.40	171.60	148.80	132.00
71	218.40	190.80	166.80	146.40
72	243.60	212.40	186.00	162.00
73	271.20	235.20	206.40	181.20
74	301.20	261.60	230.40	199.20
75	337.20	290.40	254.40	220.80
76	376.80	325.20	282.00	246.00
77	420.00	363.60	313.20	274.80
78	472.80	406.80	352.80	306.00
79	528.00	457.20	392.40	340.80

Standard rates are Preferred Rates times 1.5 - rounded to the near Dollar
Select rates are Preferred Rates times 3.5 - rounded to the near Dollar

Monthly direct-billed premiums are 1/11 of the annual premiums.
Monthly P-O-M premiums are 1/12 of the annual premiums.
Other modes - Semiannual factor 0.52, Quarterly factor 0.27.
Bi-monthly mode is two times the monthly mode.

Rates certify to a 60% anticipated loss ratio.

A $20.00 Policy Fee is added to the first premium.

MLRS691(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT691
Gross Premium Code: 691B - Rate Group: 691
LONG TERM CARE POLICY

RATE SCHEDULE - Arkansas
For Forms Issued From 01/21/1992 Through 09/02/1997

Waiver of Premium

3 Year Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

Issue Age	0Day EP Preferred Premium	20Day EP Preferred Premium	90Day EP Preferred Premium	180Day EP Preferred Premium
40	25.49	22.66	22.66	21.24
41	25.49	24.07	22.66	21.24
42	25.49	24.07	22.66	21.24
43	28.32	24.07	24.07	21.24
44	28.32	25.49	24.07	22.66
45	29.74	25.49	24.07	22.66
46	31.16	28.32	25.49	24.07
47	32.57	29.74	25.49	24.07
48	33.99	31.16	28.32	25.49
49	36.82	31.16	29.74	25.49
50	38.24	32.57	31.16	28.32
51	39.65	36.82	32.57	29.74
52	43.90	38.24	33.99	31.16
53	46.74	39.65	38.24	32.57
54	49.57	43.90	39.65	33.99
55	53.82	46.74	43.90	38.24
56	56.65	49.57	46.74	39.65
57	62.32	55.23	49.57	43.90
58	67.98	58.07	53.82	48.15
59	73.65	65.15	58.07	52.40
60	80.73	70.81	63.73	56.65
61	92.06	77.90	69.40	62.32
62	100.56	86.40	76.48	69.40
63	109.06	94.89	83.56	73.65
64	120.39	104.81	93.48	80.73
65	133.14	117.56	103.39	92.06
66	147.30	130.30	114.72	101.98
67	165.71	143.05	126.05	111.89
68	182.71	162.88	140.22	124.64
69	206.79	179.88	158.63	138.80
70	229.45	202.54	175.63	155.80
71	257.78	225.20	196.87	172.80
72	287.52	250.70	219.54	191.21
73	320.10	277.61	243.62	213.87
74	355.51	308.77	271.94	235.12
75	398.00	342.76	300.27	260.61
76	444.74	383.84	332.85	290.36
77	495.73	429.16	369.67	324.35
78	558.06	480.15	416.42	361.18
79	623.21	539.64	463.16	402.25

Standard rates are Preferred Rates times 1.5 - rounded to the near Dollar
Select rates are Preferred Rates times 3.5 - rounded to the near Dollar

Monthly direct-billed premiums are 1/11 of the annual premiums.
Monthly P-O-M premiums are 1/12 of the annual premiums.
Other modes - Semiannual factor 0.52, Quarterly factor 0.27.
Bi-monthly mode is two times the monthly mode.

Rates certify to a 60% anticipated loss ratio.

A $20.00 Policy Fee is added to the first premium.

MLRS691(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT691
Gross Premium Code: 691C - Rate Group: 691
LONG TERM CARE POLICY

RATE SCHEDULE - Arkansas
For Forms Issued From 01/21/1992 Through 09/02/1997

Waiver of Premium

5 Year Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

Issue Age	0Day EP Preferred Premium	20Day EP Preferred Premium	90Day EP Preferred Premium	180Day EP Preferred Premium
40	26.40	24.00	21.60	19.20
41	26.40	24.00	21.60	20.40
42	27.60	24.00	24.00	20.40
43	27.60	25.20	24.00	21.60
44	28.80	25.20	25.20	21.60
45	31.20	26.40	25.20	24.00
46	31.20	27.60	26.40	25.20
47	32.40	28.80	27.60	25.20
48	33.60	31.20	28.80	26.40
49	37.20	32.40	31.20	27.60
50	38.40	33.60	32.40	28.80
51	40.80	37.20	33.60	31.20
52	44.40	38.40	34.80	32.40
53	46.80	40.80	38.40	33.60
54	51.60	45.60	40.80	37.20
55	55.20	48.00	44.40	39.60
56	60.00	52.80	46.80	42.00
57	64.80	57.60	51.60	46.80
58	70.80	62.40	57.60	51.60
59	79.20	68.40	61.20	55.20
60	86.40	75.60	67.20	60.00
61	94.80	84.00	75.60	67.20
62	104.40	92.40	84.00	73.20
63	114.00	100.80	91.20	81.60
64	126.00	111.60	99.60	88.80
65	140.40	122.40	110.40	98.40
66	157.20	139.20	121.20	108.00
67	175.20	153.60	135.60	120.00
68	194.40	172.80	151.20	134.40
69	218.40	192.00	170.40	148.80
70	244.80	214.80	188.40	165.60
71	272.40	238.80	211.20	184.80
72	304.80	266.40	234.00	205.20
73	339.60	297.60	259.20	225.60
74	376.80	327.60	286.80	250.80
75	418.80	364.80	319.20	278.40
76	466.80	406.80	354.00	307.20
77	523.20	453.60	393.60	342.00
78	586.80	507.60	439.20	380.40
79	657.60	567.60	488.40	423.60

Standard rates are Preferred Rates times 1.5 - rounded to the near Dollar
Select rates are Preferred Rates times 3.5 - rounded to the near Dollar

Monthly direct-billed premiums are 1/11 of the annual premiums.
Monthly P-O-M premiums are 1/12 of the annual premiums.
Other modes - Semiannual factor 0.52, Quarterly factor 0.27.
Bi-monthly mode is two times the monthly mode.

Rates certify to a 60% anticipated loss ratio.

A $20.00 Policy Fee is added to the first premium.

MLRS691(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT691
Gross Premium Code: 691C - Rate Group: 691
LONG TERM CARE POLICY

RATE SCHEDULE - Arkansas
For Forms Issued From 01/21/1992 Through 09/02/1997

Waiver of Premium

5 Year Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

Issue Age	0Day EP Preferred Premium	20Day EP Preferred Premium	90Day EP Preferred Premium	180Day EP Preferred Premium
40	31.16	28.32	25.49	22.66
41	31.16	28.32	25.49	24.07
42	32.57	28.32	28.32	24.07
43	32.57	29.74	28.32	25.49
44	33.99	29.74	29.74	25.49
45	36.82	31.16	29.74	28.32
46	36.82	32.57	31.16	29.74
47	38.24	33.99	32.57	29.74
48	39.65	36.82	33.99	31.16
49	43.90	38.24	36.82	32.57
50	45.32	39.65	38.24	33.99
51	48.15	43.90	39.65	36.82
52	52.40	45.32	41.07	38.24
53	55.23	48.15	45.32	39.65
54	60.90	53.82	48.15	43.90
55	65.15	56.65	52.40	46.74
56	70.81	62.32	55.23	49.57
57	76.48	67.98	60.90	55.23
58	83.56	73.65	67.98	60.90
59	93.48	80.73	72.23	65.15
60	101.98	89.23	79.31	70.81
61	111.89	99.14	89.23	79.31
62	123.22	109.06	99.14	86.40
63	134.55	118.97	107.64	96.31
64	148.72	131.72	117.56	104.81
65	165.71	144.47	130.30	116.14
66	185.54	164.30	143.05	127.47
67	206.79	181.29	160.05	141.63
68	229.45	203.96	178.46	158.63
69	257.78	226.62	201.12	175.63
70	288.94	253.53	222.37	195.46
71	321.52	281.86	249.28	218.12
72	359.76	314.43	276.19	242.20
73	400.84	351.26	305.94	266.28
74	444.74	386.67	338.51	296.02
75	494.32	430.58	376.76	328.60
76	550.97	480.15	417.83	362.59
77	617.54	535.39	464.57	403.67
78	692.61	599.13	518.40	448.99
79	776.18	669.95	576.47	499.98

Standard rates are Preferred Rates times 1.5 - rounded to the near Dollar
Select rates are Preferred Rates times 3.5 - rounded to the near Dollar

Monthly direct-billed premiums are 1/11 of the annual premiums.
Monthly P-O-M premiums are 1/12 of the annual premiums.
Other modes - Semiannual factor 0.52, Quarterly factor 0.27.
Bi-monthly mode is two times the monthly mode.

Rates certify to a 60% anticipated loss ratio.

A $20.00 Policy Fee is added to the first premium.

MLRS691(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT691
Gross Premium Code: 691D - Rate Group: 691
LONG TERM CARE POLICY

RATE SCHEDULE - Arkansas
For Forms Issued From 01/21/1992 Through 09/02/1997

Waiver of Premium

10 Year Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

Issue Age	0Day EP Preferred Premium	20Day EP Preferred Premium	90Day EP Preferred Premium	180Day EP Preferred Premium
40	28.80	27.60	25.20	24.00
41	31.20	27.60	25.20	24.00
42	32.40	28.80	26.40	25.20
43	32.40	28.80	27.60	25.20
44	33.60	31.20	27.60	26.40
45	34.80	32.40	28.80	26.40
46	37.20	33.60	31.20	27.60
47	38.40	34.80	32.40	28.80
48	39.60	37.20	33.60	31.20
49	42.00	38.40	34.80	32.40
50	45.60	39.60	38.40	33.60
51	48.00	42.00	39.60	37.20
52	51.60	45.60	42.00	38.40
53	55.20	48.00	45.60	40.80
54	60.00	52.80	48.00	44.40
55	64.80	57.60	52.80	46.80
56	70.80	62.40	57.60	49.20
57	78.00	67.20	61.20	54.00
58	85.20	73.20	67.20	58.80
59	92.40	81.60	73.20	64.80
60	100.80	88.80	80.40	70.80
61	110.40	98.40	87.60	79.20
62	121.20	106.80	97.20	86.40
63	134.40	117.60	105.60	93.60
64	147.60	128.40	115.20	102.00
65	164.40	144.00	127.20	112.80
66	181.20	159.60	141.60	124.80
67	204.00	177.60	157.20	139.20
68	225.60	198.00	174.00	153.60
69	253.20	219.60	193.20	171.60
70	280.80	244.80	214.80	188.40
71	312.00	272.40	238.80	208.80
72	346.80	303.60	265.20	232.80
73	385.20	334.80	292.80	256.80
74	426.00	370.80	324.00	282.00
75	472.80	410.40	357.60	310.80
76	525.60	453.60	394.80	342.00
77	586.80	505.20	439.20	380.40
78	654.00	565.20	488.40	421.20
79	730.80	630.00	544.80	470.40

Standard rates are Preferred Rates times 1.5 - rounded to the near Dollar
Select rates are Preferred Rates times 3.5 - rounded to the near Dollar

Monthly direct-billed premiums are 1/11 of the annual premiums.
Monthly P-O-M premiums are 1/12 of the annual premiums.
Other modes - Semiannual factor 0.52, Quarterly factor 0.27.
Bi-monthly mode is two times the monthly mode.

Rates certify to a 60% anticipated loss ratio.

A $20.00 Policy Fee is added to the first premium.

MLRS691(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT691
Gross Premium Code: 691D - Rate Group: 691
LONG TERM CARE POLICY

RATE SCHEDULE - Arkansas
For Forms Issued From 01/21/1992 Through 09/02/1997

Waiver of Premium

10 Year Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

Issue Age	0Day EP Preferred Premium	20Day EP Preferred Premium	90Day EP Preferred Premium	180Day EP Preferred Premium
40	33.99	32.57	29.74	28.32
41	36.82	32.57	29.74	28.32
42	38.24	33.99	31.16	29.74
43	38.24	33.99	32.57	29.74
44	39.65	36.82	32.57	31.16
45	41.07	38.24	33.99	31.16
46	43.90	39.65	36.82	32.57
47	45.32	41.07	38.24	33.99
48	46.74	43.90	39.65	36.82
49	49.57	45.32	41.07	38.24
50	53.82	46.74	45.32	39.65
51	56.65	49.57	46.74	43.90
52	60.90	53.82	49.57	45.32
53	65.15	56.65	53.82	48.15
54	70.81	62.32	56.65	52.40
55	76.48	67.98	62.32	55.23
56	83.56	73.65	67.98	58.07
57	92.06	79.31	72.23	63.73
58	100.56	86.40	79.31	69.40
59	109.06	96.31	86.40	76.48
60	118.97	104.81	94.89	83.56
61	130.30	116.14	103.39	93.48
62	143.05	126.05	114.72	101.98
63	158.63	138.80	124.64	110.47
64	174.21	151.55	135.97	120.39
65	194.04	169.96	150.13	133.14
66	213.87	188.38	167.13	147.30
67	240.78	209.62	185.54	164.30
68	266.28	233.70	205.37	181.29
69	298.85	259.20	228.03	202.54
70	331.43	288.94	253.53	222.37
71	368.26	321.52	281.86	246.45
72	409.33	358.34	313.02	274.78
73	454.66	395.17	345.60	303.10
74	502.82	437.66	382.42	332.85
75	558.06	484.40	422.08	366.84
76	620.38	535.39	465.99	403.67
77	692.61	596.30	518.40	448.99
78	771.93	667.12	576.47	497.15
79	862.58	743.60	643.04	555.22

Standard rates are Preferred Rates times 1.5 - rounded to the near Dollar
Select rates are Preferred Rates times 3.5 - rounded to the near Dollar

Monthly direct-billed premiums are 1/11 of the annual premiums.
Monthly P-O-M premiums are 1/12 of the annual premiums.
Other modes - Semiannual factor 0.52, Quarterly factor 0.27.
Bi-monthly mode is two times the monthly mode.

Rates certify to a 60% anticipated loss ratio.

A $20.00 Policy Fee is added to the first premium.

MLRS691(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT691
Gross Premium Code: 691E - Rate Group: 691
LONG TERM CARE POLICY

RATE SCHEDULE - Arkansas
For Forms Issued From 01/21/1992 Through 09/02/1997

Waiver of Premium

Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

Issue Age	0Day EP Preferred Premium	20Day EP Preferred Premium	90Day EP Preferred Premium	180Day EP Preferred Premium
40	32.40	28.80	26.40	25.20
41	33.60	28.80	27.60	26.40
42	33.60	31.20	27.60	26.40
43	34.80	32.40	28.80	26.40
44	37.20	32.40	28.80	27.60
45	37.20	33.60	31.20	27.60
46	39.60	34.80	31.20	28.80
47	40.80	37.20	32.40	31.20
48	42.00	38.40	34.80	32.40
49	45.60	40.80	37.20	33.60
50	48.00	44.40	39.60	37.20
51	51.60	46.80	42.00	38.40
52	54.00	49.20	45.60	40.80
53	58.80	52.80	48.00	44.40
54	62.40	55.20	51.60	46.80
55	67.20	60.00	55.20	49.20
56	73.20	66.00	60.00	54.00
57	80.40	70.80	64.80	58.80
58	87.60	79.20	70.80	62.40
59	97.20	86.40	78.00	68.40
60	105.60	93.60	84.00	75.60
61	115.20	102.00	92.40	84.00
62	126.00	112.80	99.60	91.20
63	140.40	122.40	110.40	98.40
64	153.60	135.60	120.00	108.00
65	170.40	148.80	133.20	118.80
66	187.20	164.40	146.40	132.00
67	208.80	183.60	160.80	145.20
68	232.80	204.00	180.00	159.60
69	259.20	225.60	199.20	177.60
70	288.00	253.20	222.00	195.60
71	321.60	280.80	246.00	217.20
72	357.60	312.00	272.40	240.00
73	394.80	345.60	301.20	264.00
74	438.00	380.40	333.60	290.40
75	486.00	421.20	368.40	320.40
76	538.80	466.80	406.80	354.00
77	600.00	520.80	451.20	391.20
78	670.80	579.60	501.60	433.20
79	747.60	645.60	558.00	480.00

Standard rates are Preferred Rates times 1.5 - rounded to the near Dollar
Select rates are Preferred Rates times 3.5 - rounded to the near Dollar

Monthly direct-billed premiums are 1/11 of the annual premiums.
Monthly P-O-M premiums are 1/12 of the annual premiums.
Other modes - Semiannual factor 0.52, Quarterly factor 0.27.
Bi-monthly mode is two times the monthly mode.

Rates certify to a 60% anticipated loss ratio.

A $20.00 Policy Fee is added to the first premium.

MLRS691(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT691
Gross Premium Code: 691E - Rate Group: 691
LONG TERM CARE POLICY

RATE SCHEDULE - Arkansas
For Forms Issued From 01/21/1992 Through 09/02/1997

Waiver of Premium

Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

Issue Age	0Day EP Preferred Premium	20Day EP Preferred Premium	90Day EP Preferred Premium	180Day EP Preferred Premium
40	38.24	33.99	31.16	29.74
41	39.65	33.99	32.57	31.16
42	39.65	36.82	32.57	31.16
43	41.07	38.24	33.99	31.16
44	43.90	38.24	33.99	32.57
45	43.90	39.65	36.82	32.57
46	46.74	41.07	36.82	33.99
47	48.15	43.90	38.24	36.82
48	49.57	45.32	41.07	38.24
49	53.82	48.15	43.90	39.65
50	56.65	52.40	46.74	43.90
51	60.90	55.23	49.57	45.32
52	63.73	58.07	53.82	48.15
53	69.40	62.32	56.65	52.40
54	73.65	65.15	60.90	55.23
55	79.31	70.81	65.15	58.07
56	86.40	77.90	70.81	63.73
57	94.89	83.56	76.48	69.40
58	103.39	93.48	83.56	73.65
59	114.72	101.98	92.06	80.73
60	124.64	110.47	99.14	89.23
61	135.97	120.39	109.06	99.14
62	148.72	133.14	117.56	107.64
63	165.71	144.47	130.30	116.14
64	181.29	160.05	141.63	127.47
65	201.12	175.63	157.22	140.22
66	220.95	194.04	172.80	155.80
67	246.45	216.70	189.79	171.38
68	274.78	240.78	212.45	188.38
69	305.94	266.28	235.12	209.62
70	339.93	298.85	262.03	230.87
71	379.59	331.43	290.36	256.36
72	422.08	368.26	321.52	283.27
73	465.99	407.92	355.51	311.60
74	516.98	448.99	393.75	342.76
75	573.64	497.15	434.83	378.17
76	635.96	550.97	480.15	417.83
77	708.19	614.71	532.56	461.74
78	791.76	684.11	592.05	511.31
79	882.41	762.02	658.62	566.55

Standard rates are Preferred Rates times 1.5 - rounded to the near Dollar
Select rates are Preferred Rates times 3.5 - rounded to the near Dollar

Monthly direct-billed premiums are 1/11 of the annual premiums.
Monthly P-O-M premiums are 1/12 of the annual premiums.
Other modes - Semiannual factor 0.52, Quarterly factor 0.27.
Bi-monthly mode is two times the monthly mode.

Rates certify to a 60% anticipated loss ratio.

A $20.00 Policy Fee is added to the first premium.

MLRS691(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT692
Gross Premium Code: 692A - Rate Group: 692
LONG TERM CARE POLICY

RATE SCHEDULE - Arkansas
For Forms Issued From 12/21/1992 Through 09/02/1997

2 Year Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

Issue Age	0Day EP Standard Premium	20Day EP Standard Premium	90Day EP Standard Premium	180Day EP Standard Premium
18 - 29	13.20	12.00	10.80	8.40
30 - 39	14.40	13.20	12.00	10.80
40 - 49	24.00	19.20	18.00	15.60
50 - 54	31.20	25.20	21.60	20.40
55 - 59	46.80	39.60	34.80	31.20
60 - 64	80.40	67.20	60.00	54.00
65	112.80	94.80	84.00	75.60
66	126.00	105.60	93.60	85.20
67	140.40	118.80	105.60	94.80
68	157.20	132.00	117.60	106.80
69	175.20	147.60	130.80	118.80
70	195.60	165.60	145.20	133.20
71	218.40	184.80	162.00	147.60
72	244.80	205.20	181.20	165.60
73	271.20	228.00	201.60	184.80
74	301.20	254.40	224.40	205.20
75	334.80	282.00	248.40	226.80
76	373.20	313.20	277.20	253.20
77	414.00	348.00	307.20	280.80
78	470.40	394.80	348.00	318.00
79	531.60	446.40	393.60	360.00
80	600.00	505.20	446.40	406.80
81	679.20	572.40	505.20	460.80
82	769.20	646.80	571.20	520.80
83	870.00	732.00	645.60	590.40
84	984.00	829.20	730.80	666.00

Multiply by 0.80 for Preferred and 0.65 for Super-Preferred premium rates.
Multiply by 0.85 if both spouses are issued coverage simultaneously.

MODAL FACTORS
Semi-Annual (Direct-Billed) = .52
Quarterly (Direct-Billed) = .27
Quarterly (Protect-O-Matic) = 3/12ths
Monthly (Protect-O-Matic) = 1/12th

AREA FACTORS
Area 1 = 0.75
Area 2 = 1.00
Area 3 = 1.25

Rates certify to a 60% anticipated loss ratio.

A $20.00 Policy Fee is added to the first premium.

MLRS692(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT692
Gross Premium Code: 692A - Rate Group: 692
LONG TERM CARE POLICY

RATE SCHEDULE - Arkansas
For Forms Issued From 12/21/1992 Through 09/02/1997

2 Year Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

Issue Age	0Day EP Standard Premium	20Day EP Standard Premium	90Day EP Standard Premium	180Day EP Standard Premium
18 - 29	15.58	14.16	12.74	9.91
30 - 39	16.99	15.58	14.16	12.74
40 - 49	28.32	22.66	21.24	18.41
50 - 54	36.82	29.74	25.49	24.07
55 - 59	55.23	46.74	41.07	36.82
60 - 64	94.89	79.31	70.81	63.73
65	133.14	111.89	99.14	89.23
66	148.72	124.64	110.47	100.56
67	165.71	140.22	124.64	111.89
68	185.54	155.80	138.80	126.05
69	206.79	174.21	154.38	140.22
70	230.87	195.46	171.38	157.22
71	257.78	218.12	191.21	174.21
72	288.94	242.20	213.87	195.46
73	320.10	269.11	237.95	218.12
74	355.51	300.27	264.86	242.20
75	395.17	332.85	293.19	267.69
76	440.49	369.67	327.18	298.85
77	488.65	410.75	362.59	331.43
78	555.22	465.99	410.75	375.34
79	627.46	526.89	464.57	424.91
80	708.19	596.30	526.89	480.15
81	801.68	675.62	596.30	543.89
82	907.90	763.43	674.20	614.71
83	1,026.88	864.00	762.02	696.86
84	1,161.44	978.72	862.58	786.09

Multiply by 0.80 for Preferred and 0.65 for Super-Preferred premium rates.
Multiply by 0.85 if both spouses are issued coverage simultaneously.

MODAL FACTORS
Semi-Annual (Direct-Billed) = .52
Quarterly (Direct-Billed) = .27
Quarterly (Protect-O-Matic) = 3/12ths
Monthly (Protect-O-Matic) = 1/12th

AREA FACTORS
Area 1 = 0.75
Area 2 = 1.00
Area 3 = 1.25

Rates certify to a 60% anticipated loss ratio.

A $20.00 Policy Fee is added to the first premium.

MLRS692(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT692
Gross Premium Code: 692B - Rate Group: 692
LONG TERM CARE POLICY

RATE SCHEDULE - Arkansas
For Forms Issued From 12/21/1992 Through 09/02/1997

3 Year Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

Issue Age	0Day EP Standard Premium	20Day EP Standard Premium	90Day EP Standard Premium	180Day EP Standard Premium
18 - 29	14.40	13.20	12.00	10.80
30 - 39	15.60	14.40	13.20	12.00
40 - 49	25.20	21.60	19.20	18.00
50 - 54	34.80	31.20	26.40	25.20
55 - 59	55.20	48.00	42.00	38.40
60 - 64	99.60	85.20	74.40	68.40
65	140.40	120.00	105.60	97.20
66	158.40	134.40	118.80	108.00
67	177.60	151.20	133.20	121.20
68	198.00	168.00	148.80	134.40
69	220.80	188.40	166.80	151.20
70	247.20	211.20	186.00	168.00
71	277.20	235.20	207.60	188.40
72	308.40	264.00	232.80	211.20
73	344.40	292.80	259.20	235.20
74	381.60	326.40	288.00	261.60
75	426.00	363.60	321.60	291.60
76	474.00	405.60	357.60	325.20
77	528.00	451.20	398.40	361.20
78	598.80	511.20	452.40	410.40
79	679.20	579.60	512.40	465.60
80	771.60	657.60	580.80	526.80
81	876.00	746.40	660.00	598.80
82	992.40	846.00	747.60	679.20
83	1,125.60	960.00	849.60	770.40
84	1,276.80	1,089.60	963.60	873.60

Multiply by 0.80 for Preferred and 0.65 for Super-Preferred premium rates.
Multiply by 0.85 if both spouses are issued coverage simultaneously.

MODAL FACTORS
Semi-Annual (Direct-Billed) = .52
Quarterly (Direct-Billed) = .27
Quarterly (Protect-O-Matic) = 3/12ths
Monthly (Protect-O-Matic) = 1/12th

AREA FACTORS
Area 1 = 0.75
Area 2 = 1.00
Area 3 = 1.25

Rates certify to a 60% anticipated loss ratio.

A $20.00 Policy Fee is added to the first premium.

MLRS692(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT692
Gross Premium Code: 692B - Rate Group: 692
LONG TERM CARE POLICY

RATE SCHEDULE - Arkansas
For Forms Issued From 12/21/1992 Through 09/02/1997

3 Year Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

Issue Age	0Day EP Standard Premium	20Day EP Standard Premium	90Day EP Standard Premium	180Day EP Standard Premium
18 - 29	16.99	15.58	14.16	12.74
30 - 39	18.41	16.99	15.58	14.16
40 - 49	29.74	25.49	22.66	21.24
50 - 54	41.07	36.82	31.16	29.74
55 - 59	65.15	56.65	49.57	45.32
60 - 64	117.56	100.56	87.81	80.73
65	165.71	141.63	124.64	114.72
66	186.96	158.63	140.22	127.47
67	209.62	178.46	157.22	143.05
68	233.70	198.29	175.63	158.63
69	260.61	222.37	196.87	178.46
70	291.77	249.28	219.54	198.29
71	327.18	277.61	245.03	222.37
72	364.01	311.60	274.78	249.28
73	406.50	345.60	305.94	277.61
74	450.41	385.25	339.93	308.77
75	502.82	429.16	379.59	344.18
76	559.47	478.74	422.08	383.84
77	623.21	532.56	470.24	426.33
78	706.78	603.38	533.98	484.40
79	801.68	684.11	604.80	549.56
80	910.74	776.18	685.53	621.79
81	1,033.96	880.99	779.01	706.78
82	1,171.35	998.55	882.41	801.68
83	1,328.57	1,133.11	1,002.80	909.32
84	1,507.04	1,286.08	1,137.36	1,031.13

Multiply by 0.80 for Preferred and 0.65 for Super-Preferred premium rates.
Multiply by 0.85 if both spouses are issued coverage simultaneously.

MODAL FACTORS
Semi-Annual (Direct-Billed) = .52
Quarterly (Direct-Billed) = .27
Quarterly (Protect-O-Matic) = 3/12ths
Monthly (Protect-O-Matic) = 1/12th

AREA FACTORS
Area 1 = 0.75
Area 2 = 1.00
Area 3 = 1.25

Rates certify to a 60% anticipated loss ratio.

A $20.00 Policy Fee is added to the first premium.

MLRS692(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT692
Gross Premium Code: 692C - Rate Group: 692
LONG TERM CARE POLICY

RATE SCHEDULE - Arkansas
For Forms Issued From 12/21/1992 Through 09/02/1997

5 Year Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

Issue Age	0Day EP Standard Premium	20Day EP Standard Premium	90Day EP Standard Premium	180Day EP Standard Premium
18 - 29	15.60	14.40	13.20	12.00
30 - 39	18.00	15.60	14.40	13.20
40 - 49	28.80	26.40	24.00	20.40
50 - 54	42.00	37.20	32.40	28.80
55 - 59	68.40	60.00	52.80	48.00
60 - 64	122.40	105.60	94.80	86.40
65	174.00	148.80	133.20	121.20
66	194.40	168.00	151.20	135.60
67	218.40	188.40	168.00	153.60
68	244.80	211.20	188.40	171.60
69	273.60	235.20	211.20	192.00
70	306.00	264.00	235.20	214.80
71	342.00	294.00	264.00	240.00
72	381.60	330.00	294.00	267.60
73	426.00	367.20	327.60	298.80
74	476.40	410.40	366.00	333.60
75	530.40	457.20	408.00	372.00
76	591.60	510.00	454.80	414.00
77	658.80	567.60	507.60	463.20
78	750.00	645.60	577.20	525.60
79	852.00	734.40	656.40	598.80
80	969.60	836.40	746.40	680.40
81	1,102.80	950.40	849.60	772.80
82	1,252.80	1,080.00	966.00	879.60
83	1,425.60	1,230.00	1,098.00	1,000.80
84	1,621.20	1,398.00	1,249.20	1,137.60

Multiply by 0.80 for Preferred and 0.65 for Super-Preferred premium rates.
Multiply by 0.85 if both spouses are issued coverage simultaneously.

MODAL FACTORS
Semi-Annual (Direct-Billed) = .52
Quarterly (Direct-Billed) = .27
Quarterly (Protect-O-Matic) = 3/12ths
Monthly (Protect-O-Matic) = 1/12th

AREA FACTORS
Area 1 = 0.75
Area 2 = 1.00
Area 3 = 1.25

Rates certify to a 60% anticipated loss ratio.

A $20.00 Policy Fee is added to the first premium.

MLRS692(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT692
Gross Premium Code: 692C - Rate Group: 692
LONG TERM CARE POLICY

RATE SCHEDULE - Arkansas
For Forms Issued From 12/21/1992 Through 09/02/1997

5 Year Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

Issue Age	0Day EP Standard Premium	20Day EP Standard Premium	90Day EP Standard Premium	180Day EP Standard Premium
18 - 29	18.41	16.99	15.58	14.16
30 - 39	21.24	18.41	16.99	15.58
40 - 49	33.99	31.16	28.32	24.07
50 - 54	49.57	43.90	38.24	33.99
55 - 59	80.73	70.81	62.32	56.65
60 - 64	144.47	124.64	111.89	101.98
65	205.37	175.63	157.22	143.05
66	229.45	198.29	178.46	160.05
67	257.78	222.37	198.29	181.29
68	288.94	249.28	222.37	202.54
69	322.93	277.61	249.28	226.62
70	361.18	311.60	277.61	253.53
71	403.67	347.01	311.60	283.27
72	450.41	389.50	347.01	315.85
73	502.82	433.41	386.67	352.68
74	562.30	484.40	432.00	393.75
75	626.04	539.64	481.57	439.08
76	698.28	601.96	536.81	488.65
77	777.60	669.95	599.13	546.72
78	885.24	762.02	681.28	620.38
79	1,005.64	866.83	774.76	706.78
80	1,144.44	987.22	880.99	803.09
81	1,301.66	1,121.78	1,002.80	912.15
82	1,478.71	1,274.75	1,140.19	1,038.21
83	1,682.67	1,451.80	1,296.00	1,181.27
84	1,913.55	1,650.10	1,474.46	1,342.74

Multiply by 0.80 for Preferred and 0.65 for Super-Preferred premium rates.
Multiply by 0.85 if both spouses are issued coverage simultaneously.

MODAL FACTORS
Semi-Annual (Direct-Billed) = .52
Quarterly (Direct-Billed) = .27
Quarterly (Protect-O-Matic) = 3/12ths
Monthly (Protect-O-Matic) = 1/12th

AREA FACTORS
Area 1 = 0.75
Area 2 = 1.00
Area 3 = 1.25

Rates certify to a 60% anticipated loss ratio.

A $20.00 Policy Fee is added to the first premium.

MLRS692(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT692
Gross Premium Code: 692D - Rate Group: 692
LONG TERM CARE POLICY

RATE SCHEDULE - Arkansas
For Forms Issued From 12/21/1992 Through 09/02/1997

10 Year Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

Issue Age	0Day EP Standard Premium	20Day EP Standard Premium	90Day EP Standard Premium	180Day EP Standard Premium
18 - 29	18.00	15.60	14.40	13.20
30 - 39	19.20	18.00	15.60	14.40
40 - 49	33.60	28.80	26.40	24.00
50 - 54	49.20	42.00	38.40	34.80
55 - 59	80.40	70.80	61.20	55.20
60 - 64	141.60	122.40	110.40	99.60
65	199.20	172.80	153.60	139.20
66	222.00	192.00	171.60	154.80
67	248.40	214.80	192.00	174.00
68	278.40	240.00	214.80	194.40
69	310.80	268.80	240.00	218.40
70	346.80	300.00	267.60	243.60
71	386.40	334.80	298.80	271.20
72	432.00	374.40	333.60	303.60
73	481.20	417.60	372.00	338.40
74	536.40	464.40	414.00	376.80
75	597.60	517.20	460.80	418.80
76	664.80	574.80	513.60	466.80
77	740.40	640.80	572.40	519.60
78	840.00	729.60	650.40	590.40
79	956.40	829.20	739.20	670.80
80	1,086.00	940.80	838.80	763.20
81	1,233.60	1,070.40	954.00	866.40
82	1,402.80	1,215.60	1,083.60	984.00
83	1,592.40	1,380.00	1,231.20	1,118.40
84	1,810.80	1,569.60	1,399.20	1,270.80

Multiply by 0.80 for Preferred and 0.65 for Super-Preferred premium rates.
Multiply by 0.85 if both spouses are issued coverage simultaneously.

MODAL FACTORS
Semi-Annual (Direct-Billed) = .52
Quarterly (Direct-Billed) = .27
Quarterly (Protect-O-Matic) = 3/12ths
Monthly (Protect-O-Matic) = 1/12th

AREA FACTORS
Area 1 = 0.75
Area 2 = 1.00
Area 3 = 1.25

Rates certify to a 60% anticipated loss ratio.

A $20.00 Policy Fee is added to the first premium.

MLRS692(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT692
Gross Premium Code: 692D - Rate Group: 692
LONG TERM CARE POLICY

RATE SCHEDULE - Arkansas
For Forms Issued From 12/21/1992 Through 09/02/1997

10 Year Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

Issue Age	0Day EP Standard Premium	20Day EP Standard Premium	90Day EP Standard Premium	180Day EP Standard Premium
18 - 29	21.24	18.41	16.99	15.58
30 - 39	22.66	21.24	18.41	16.99
40 - 49	39.65	33.99	31.16	28.32
50 - 54	58.07	49.57	45.32	41.07
55 - 59	94.89	83.56	72.23	65.15
60 - 64	167.13	144.47	130.30	117.56
65	235.12	203.96	181.29	164.30
66	262.03	226.62	202.54	182.71
67	293.19	253.53	226.62	205.37
68	328.60	283.27	253.53	229.45
69	366.84	317.27	283.27	257.78
70	409.33	354.09	315.85	287.52
71	456.07	395.17	352.68	320.10
72	509.90	441.91	393.75	358.34
73	567.97	492.90	439.08	399.42
74	633.12	548.14	488.65	444.74
75	705.36	610.46	543.89	494.32
76	784.68	678.45	606.21	550.97
77	873.91	756.35	675.62	613.29
78	991.47	861.16	767.68	696.86
79	1,128.86	978.72	872.49	791.76
80	1,281.83	1,110.45	990.06	900.82
81	1,456.05	1,263.42	1,126.03	1,022.63
82	1,655.76	1,434.80	1,279.00	1,161.44
83	1,879.55	1,628.85	1,453.22	1,320.08
84	2,137.34	1,852.64	1,651.51	1,499.96

Multiply by 0.80 for Preferred and 0.65 for Super-Preferred premium rates.
Multiply by 0.85 if both spouses are issued coverage simultaneously.

MODAL FACTORS
Semi-Annual (Direct-Billed) = .52
Quarterly (Direct-Billed) = .27
Quarterly (Protect-O-Matic) = 3/12ths
Monthly (Protect-O-Matic) = 1/12th

AREA FACTORS
Area 1 = 0.75
Area 2 = 1.00
Area 3 = 1.25

Rates certify to a 60% anticipated loss ratio.

A $20.00 Policy Fee is added to the first premium.

MLRS692(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT692
Gross Premium Code: 692E - Rate Group: 692
LONG TERM CARE POLICY

RATE SCHEDULE - Arkansas
For Forms Issued From 12/21/1992 Through 09/02/1997

Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

Issue Age	0Day EP Standard Premium	20Day EP Standard Premium	90Day EP Standard Premium	180Day EP Standard Premium
18 - 29	19.20	18.00	15.60	14.40
30 - 39	20.40	19.20	18.00	15.60
40 - 49	37.20	32.40	27.60	25.20
50 - 54	51.60	45.60	39.60	37.20
55 - 59	84.00	72.00	64.80	58.80
60 - 64	145.20	126.00	112.80	102.00
65	201.60	175.20	157.20	141.60
66	225.60	195.60	174.00	158.40
67	252.00	218.40	194.40	177.60
68	280.80	244.80	218.40	198.00
69	314.40	272.40	243.60	220.80
70	351.60	304.80	271.20	246.00
71	391.20	339.60	303.60	274.80
72	436.80	378.00	338.40	306.00
73	486.00	421.20	376.80	340.80
74	540.00	468.00	418.80	379.20
75	601.20	520.80	465.60	423.60
76	670.80	580.80	518.40	470.40
77	745.20	645.60	577.20	524.40
78	846.00	733.20	654.00	594.00
79	962.40	832.80	744.00	674.40
80	1,092.00	946.80	844.80	766.80
81	1,239.60	1,074.00	958.80	871.20
82	1,408.80	1,220.40	1,089.60	990.00
83	1,599.60	1,386.00	1,237.20	1,123.20
84	1,816.80	1,575.60	1,405.20	1,275.60

Multiply by 0.80 for Preferred and 0.65 for Super-Preferred premium rates.
Multiply by 0.85 if both spouses are issued coverage simultaneously.

MODAL FACTORS
Semi-Annual (Direct-Billed) = .52
Quarterly (Direct-Billed) = .27
Quarterly (Protect-O-Matic) = 3/12ths
Monthly (Protect-O-Matic) = 1/12th

AREA FACTORS
Area 1 = 0.75
Area 2 = 1.00
Area 3 = 1.25

Rates certify to a 60% anticipated loss ratio.

A $20.00 Policy Fee is added to the first premium.

MLRS692(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT692
Gross Premium Code: 692E - Rate Group: 692
LONG TERM CARE POLICY

RATE SCHEDULE - Arkansas
For Forms Issued From 12/21/1992 Through 09/02/1997

Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

Issue Age	0Day EP Standard Premium	20Day EP Standard Premium	90Day EP Standard Premium	180Day EP Standard Premium
18 - 29	22.66	21.24	18.41	16.99
30 - 39	24.07	22.66	21.24	18.41
40 - 49	43.90	38.24	32.57	29.74
50 - 54	60.90	53.82	46.74	43.90
55 - 59	99.14	84.98	76.48	69.40
60 - 64	171.38	148.72	133.14	120.39
65	237.95	206.79	185.54	167.13
66	266.28	230.87	205.37	186.96
67	297.44	257.78	229.45	209.62
68	331.43	288.94	257.78	233.70
69	371.09	321.52	287.52	260.61
70	415.00	359.76	320.10	290.36
71	461.74	400.84	358.34	324.35
72	515.56	446.16	399.42	361.18
73	573.64	497.15	444.74	402.25
74	637.37	552.39	494.32	447.58
75	709.61	614.71	549.56	499.98
76	791.76	685.53	611.88	555.22
77	879.58	762.02	681.28	618.96
78	998.55	865.41	771.93	701.11
79	1,135.95	982.97	878.16	796.01
80	1,288.92	1,117.53	997.14	905.07
81	1,463.13	1,267.67	1,131.70	1,028.30
82	1,662.84	1,440.47	1,286.08	1,168.52
83	1,888.05	1,635.93	1,460.30	1,325.74
84	2,144.42	1,859.72	1,658.60	1,505.62

Multiply by 0.80 for Preferred and 0.65 for Super-Preferred premium rates.
Multiply by 0.85 if both spouses are issued coverage simultaneously.

MODAL FACTORS
Semi-Annual (Direct-Billed) = .52
Quarterly (Direct-Billed) = .27
Quarterly (Protect-O-Matic) = 3/12ths
Monthly (Protect-O-Matic) = 1/12th

AREA FACTORS
Area 1 = 0.75
Area 2 = 1.00
Area 3 = 1.25

Rates certify to a 60% anticipated loss ratio.

A $20.00 Policy Fee is added to the first premium.

MLRS692(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR268
Gross Premium Code: 268A - Rate Group: 694
INFLATION SHIELD RIDER
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 05/07/1996 Through 05/16/2002

Issue Age	0Day EP Area 1 Premium	90Day EP Area 1 Premium	0Day EP Area 2 Premium	90Day EP Area 2 Premium	0Day EP Area 3 Premium	90Day EP Area 3 Premium
18 - 29	4.80	4.80	4.80	4.80	6.00	6.00
30 - 39	10.80	9.60	10.80	10.80	12.00	10.80
40 - 49	21.60	20.40	22.80	21.60	25.20	22.80
50 - 59	48.00	42.00	50.40	44.40	56.40	49.20
60 - 64	68.40	58.80	70.80	61.20	78.00	67.20
65	81.60	70.80	86.40	74.40	94.80	81.60
66	87.60	74.40	91.20	78.00	100.80	86.40
67	93.60	79.20	97.20	84.00	108.00	92.40
68	97.20	82.80	102.00	87.60	112.80	96.00
69	102.00	87.60	106.80	91.20	117.60	100.80
70	106.80	91.20	112.80	96.00	123.60	105.60
71	111.60	94.80	117.60	99.60	129.60	110.40
72	117.60	99.60	123.60	104.40	135.60	115.20
73	122.40	104.40	129.60	109.20	141.60	120.00
74	128.40	109.20	134.40	114.00	148.80	126.00
75	134.40	114.00	141.60	118.80	154.80	130.80
76	140.40	118.80	147.60	124.80	162.00	136.80
77	147.60	123.60	154.80	130.80	170.40	142.80
78	151.20	127.20	159.60	134.40	175.20	147.60
79	156.00	130.80	164.40	138.00	180.00	151.20
80	160.80	134.40	169.20	141.60	186.00	156.00
81	165.60	139.20	174.00	145.20	190.80	159.60
82	170.40	142.80	178.80	150.00	196.80	164.40
83	174.00	145.20	182.40	152.40	200.40	168.00
84	177.60	148.80	186.00	156.00	205.20	171.60
85	181.20	151.20	189.60	158.40	208.80	174.00
86	184.80	153.60	194.40	162.00	213.60	177.60
87	188.40	157.20	198.00	164.40	218.40	181.20
88	193.20	159.60	202.80	168.00	222.00	184.80
89	196.80	163.20	206.40	171.60	226.80	188.40

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

If Rider UR-AB-287 is elected, multiply the above premium by 1.05

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 0.70
Standard = 1.00

Rates certify to a 60% anticipated loss ratio.

MLRSR268(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR268
Gross Premium Code: 268A - Rate Group: 694
INFLATION SHIELD RIDER
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 05/07/1996 Through 05/16/2002

Issue Age	0Day EP Area 1 Premium	90Day EP Area 1 Premium	0Day EP Area 2 Premium	90Day EP Area 2 Premium	0Day EP Area 3 Premium	90Day EP Area 3 Premium
18 - 29	5.66	5.66	5.66	5.66	7.08	7.08
30 - 39	12.74	11.33	12.74	12.74	14.16	12.74
40 - 49	25.49	24.07	26.91	25.49	29.74	26.91
50 - 59	56.65	49.57	59.48	52.40	66.57	58.07
60 - 64	80.73	69.40	83.56	72.23	92.06	79.31
65	96.31	83.56	101.98	87.81	111.89	96.31
66	103.39	87.81	107.64	92.06	118.97	101.98
67	110.47	93.48	114.72	99.14	127.47	109.06
68	114.72	97.73	120.39	103.39	133.14	113.31
69	120.39	103.39	126.05	107.64	138.80	118.97
70	126.05	107.64	133.14	113.31	145.88	124.64
71	131.72	111.89	138.80	117.56	152.97	130.30
72	138.80	117.56	145.88	123.22	160.05	135.97
73	144.47	123.22	152.97	128.89	167.13	141.63
74	151.55	128.89	158.63	134.55	175.63	148.72
75	158.63	134.55	167.13	140.22	182.71	154.38
76	165.71	140.22	174.21	147.30	191.21	161.46
77	174.21	145.88	182.71	154.38	201.12	168.55
78	178.46	150.13	188.38	158.63	206.79	174.21
79	184.13	154.38	194.04	162.88	212.45	178.46
80	189.79	158.63	199.71	167.13	219.54	184.13
81	195.46	164.30	205.37	171.38	225.20	188.38
82	201.12	168.55	211.04	177.04	232.28	194.04
83	205.37	171.38	215.29	179.88	236.53	198.29
84	209.62	175.63	219.54	184.13	242.20	202.54
85	213.87	178.46	223.79	186.96	246.45	205.37
86	218.12	181.29	229.45	191.21	252.11	209.62
87	222.37	185.54	233.70	194.04	257.78	213.87
88	228.03	188.38	239.37	198.29	262.03	218.12
89	232.28	192.62	243.62	202.54	267.69	222.37

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

If Rider UR-AB-287 is elected, multiply the above premium by 1.05

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 0.70
Standard = 1.00

Rates certify to a 60% anticipated loss ratio.

MLRSR268(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR268
Gross Premium Code: 268B - Rate Group: 694
INFLATION SHIELD RIDER
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 05/07/1996 Through 05/16/2002

Issue Age	0Day EP Area 1 Premium	90Day EP Area 1 Premium	0Day EP Area 2 Premium	90Day EP Area 2 Premium	0Day EP Area 3 Premium	90Day EP Area 3 Premium
18 - 29	4.80	4.80	4.80	4.80	6.00	6.00
30 - 39	10.80	10.80	12.00	10.80	13.20	12.00
40 - 49	25.20	22.80	26.40	24.00	28.80	26.40
50 - 59	58.80	51.60	61.20	54.00	67.20	60.00
60 - 64	84.00	72.00	87.60	75.60	96.00	84.00
65	102.00	87.60	106.80	92.40	117.60	100.80
66	109.20	93.60	114.00	98.40	126.00	108.00
67	116.40	99.60	121.20	104.40	134.40	115.20
68	121.20	104.40	127.20	109.20	140.40	120.00
69	128.40	109.20	134.40	115.20	147.60	126.00
70	134.40	115.20	140.40	120.00	154.80	132.00
71	140.40	120.00	147.60	126.00	162.00	139.20
72	147.60	126.00	154.80	132.00	170.40	145.20
73	154.80	132.00	163.20	138.00	178.80	152.40
74	162.00	138.00	170.40	145.20	187.20	159.60
75	170.40	145.20	178.80	151.20	196.80	166.80
76	178.80	151.20	187.20	158.40	206.40	175.20
77	187.20	158.40	196.80	166.80	216.00	182.40
78	193.20	163.20	202.80	171.60	223.20	188.40
79	199.20	168.00	208.80	176.40	230.40	194.40
80	206.40	172.80	216.00	182.40	237.60	200.40
81	212.40	178.80	223.20	187.20	244.80	206.40
82	219.60	183.60	230.40	193.20	253.20	212.40
83	224.40	188.40	235.20	196.80	259.20	217.20
84	229.20	192.00	241.20	201.60	265.20	222.00
85	235.20	195.60	247.20	206.40	271.20	226.80
86	241.20	200.40	253.20	210.00	278.40	231.60
87	246.00	205.20	259.20	214.80	284.40	236.40
88	252.00	208.80	265.20	219.60	291.60	241.20
89	258.00	213.60	271.20	224.40	297.60	246.00

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

If Rider UR-AB-287 is elected, multiply the above premium by 1.05

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 0.70
Standard = 1.00

Rates certify to a 60% anticipated loss ratio.

MLRSR268(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR268
Gross Premium Code: 268B - Rate Group: 694
INFLATION SHIELD RIDER
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 05/07/1996 Through 05/16/2002

Issue Age	0Day EP Area 1 Premium	90Day EP Area 1 Premium	0Day EP Area 2 Premium	90Day EP Area 2 Premium	0Day EP Area 3 Premium	90Day EP Area 3 Premium
18 - 29	5.66	5.66	5.66	5.66	7.08	7.08
30 - 39	12.74	12.74	14.16	12.74	15.58	14.16
40 - 49	29.74	26.91	31.16	28.32	33.99	31.16
50 - 59	69.40	60.90	72.23	63.73	79.31	70.81
60 - 64	99.14	84.98	103.39	89.23	113.31	99.14
65	120.39	103.39	126.05	109.06	138.80	118.97
66	128.89	110.47	134.55	116.14	148.72	127.47
67	137.39	117.56	143.05	123.22	158.63	135.97
68	143.05	123.22	150.13	128.89	165.71	141.63
69	151.55	128.89	158.63	135.97	174.21	148.72
70	158.63	135.97	165.71	141.63	182.71	155.80
71	165.71	141.63	174.21	148.72	191.21	164.30
72	174.21	148.72	182.71	155.80	201.12	171.38
73	182.71	155.80	192.62	162.88	211.04	179.88
74	191.21	162.88	201.12	171.38	220.95	188.38
75	201.12	171.38	211.04	178.46	232.28	196.87
76	211.04	178.46	220.95	186.96	243.62	206.79
77	220.95	186.96	232.28	196.87	254.95	215.29
78	228.03	192.62	239.37	202.54	263.44	222.37
79	235.12	198.29	246.45	208.21	271.94	229.45
80	243.62	203.96	254.95	215.29	280.44	236.53
81	250.70	211.04	263.44	220.95	288.94	243.62
82	259.20	216.70	271.94	228.03	298.85	250.70
83	264.86	222.37	277.61	232.28	305.94	256.36
84	270.53	226.62	284.69	237.95	313.02	262.03
85	277.61	230.87	291.77	243.62	320.10	267.69
86	284.69	236.53	298.85	247.86	328.60	273.36
87	290.36	242.20	305.94	253.53	335.68	279.03
88	297.44	246.45	313.02	259.20	344.18	284.69
89	304.52	252.11	320.10	264.86	351.26	290.36

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

If Rider UR-AB-287 is elected, multiply the above premium by 1.05

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 0.70
Standard = 1.00

Rates certify to a 60% anticipated loss ratio.

MLRSR268(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR268
Gross Premium Code: 268C - Rate Group: 694
INFLATION SHIELD RIDER
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 05/07/1996 Through 05/16/2002

Issue Age	0Day EP Area 1 Premium	90Day EP Area 1 Premium	0Day EP Area 2 Premium	90Day EP Area 2 Premium	0Day EP Area 3 Premium	90Day EP Area 3 Premium
18 - 29	4.80	4.80	6.00	4.80	6.00	6.00
30 - 39	12.00	10.80	12.00	12.00	13.20	13.20
40 - 49	27.60	25.20	28.80	26.40	32.40	28.80
50 - 59	66.00	58.80	68.40	61.20	75.60	67.20
60 - 64	93.60	82.80	98.40	86.40	108.00	94.80
65	115.20	100.80	120.00	105.60	132.00	115.20
66	122.40	106.80	128.40	111.60	141.60	123.60
67	130.80	114.00	138.00	120.00	151.20	132.00
68	138.00	120.00	144.00	126.00	158.40	138.00
69	145.20	126.00	151.20	132.00	166.80	145.20
70	152.40	132.00	159.60	138.00	175.20	152.40
71	159.60	138.00	168.00	145.20	184.80	159.60
72	168.00	145.20	176.40	152.40	193.20	166.80
73	176.40	151.20	184.80	159.60	202.80	175.20
74	184.80	158.40	193.20	166.80	213.60	183.60
75	193.20	166.80	202.80	174.00	223.20	192.00
76	202.80	174.00	213.60	182.40	235.20	201.60
77	213.60	182.40	224.40	192.00	246.00	211.20
78	220.80	188.40	231.60	198.00	254.40	217.20
79	228.00	194.40	238.80	204.00	262.80	224.40
80	235.20	200.40	247.20	210.00	271.20	231.60
81	243.60	206.40	255.60	217.20	280.80	238.80
82	250.80	213.60	264.00	223.20	290.40	246.00
83	258.00	218.40	270.00	229.20	297.60	252.00
84	264.00	223.20	277.20	234.00	304.80	258.00
85	271.20	228.00	284.40	240.00	312.00	264.00
86	277.20	234.00	291.60	244.80	320.40	270.00
87	284.40	238.80	298.80	250.80	328.80	276.00
88	291.60	244.80	306.00	256.80	337.20	282.00
89	298.80	249.60	314.40	262.80	345.60	289.20

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

If Rider UR-AB-287 is elected, multiply the above premium by 1.05

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 0.70
Standard = 1.00

Rates certify to a 60% anticipated loss ratio.

MLRSR268(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR268
Gross Premium Code: 268C - Rate Group: 694
INFLATION SHIELD RIDER
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 05/07/1996 Through 05/16/2002

Issue Age	0Day EP Area 1 Premium	90Day EP Area 1 Premium	0Day EP Area 2 Premium	90Day EP Area 2 Premium	0Day EP Area 3 Premium	90Day EP Area 3 Premium
18 - 29	5.66	5.66	7.08	5.66	7.08	7.08
30 - 39	14.16	12.74	14.16	14.16	15.58	15.58
40 - 49	32.57	29.74	33.99	31.16	38.24	33.99
50 - 59	77.90	69.40	80.73	72.23	89.23	79.31
60 - 64	110.47	97.73	116.14	101.98	127.47	111.89
65	135.97	118.97	141.63	124.64	155.80	135.97
66	144.47	126.05	151.55	131.72	167.13	145.88
67	154.38	134.55	162.88	141.63	178.46	155.80
68	162.88	141.63	169.96	148.72	186.96	162.88
69	171.38	148.72	178.46	155.80	196.87	171.38
70	179.88	155.80	188.38	162.88	206.79	179.88
71	188.38	162.88	198.29	171.38	218.12	188.38
72	198.29	171.38	208.21	179.88	228.03	196.87
73	208.21	178.46	218.12	188.38	239.37	206.79
74	218.12	186.96	228.03	196.87	252.11	216.70
75	228.03	196.87	239.37	205.37	263.44	226.62
76	239.37	205.37	252.11	215.29	277.61	237.95
77	252.11	215.29	264.86	226.62	290.36	249.28
78	260.61	222.37	273.36	233.70	300.27	256.36
79	269.11	229.45	281.86	240.78	310.19	264.86
80	277.61	236.53	291.77	247.86	320.10	273.36
81	287.52	243.62	301.69	256.36	331.43	281.86
82	296.02	252.11	311.60	263.44	342.76	290.36
83	304.52	257.78	318.68	270.53	351.26	297.44
84	311.60	263.44	327.18	276.19	359.76	304.52
85	320.10	269.11	335.68	283.27	368.26	311.60
86	327.18	276.19	344.18	288.94	378.17	318.68
87	335.68	281.86	352.68	296.02	388.09	325.77
88	344.18	288.94	361.18	303.10	398.00	332.85
89	352.68	294.61	371.09	310.19	407.92	341.35

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

If Rider UR-AB-287 is elected, multiply the above premium by 1.05

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 0.70
Standard = 1.00

Rates certify to a 60% anticipated loss ratio.

MLRSR268(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR268
Gross Premium Code: 268D - Rate Group: 694
INFLATION SHIELD RIDER
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 05/07/1996 Through 05/16/2002

Issue Age	0Day EP Area 1 Premium	90Day EP Area 1 Premium	0Day EP Area 2 Premium	90Day EP Area 2 Premium	0Day EP Area 3 Premium	90Day EP Area 3 Premium
18 - 29	4.80	4.80	6.00	6.00	6.00	6.00
30 - 39	12.00	12.00	13.20	12.00	14.40	13.20
40 - 49	30.00	27.60	31.20	28.80	34.80	31.20
50 - 59	72.00	63.60	75.60	67.20	82.80	73.20
60 - 64	103.20	90.00	108.00	94.80	118.80	104.40
65	124.80	110.40	132.00	115.20	145.20	127.20
66	134.40	117.60	140.40	123.60	154.80	135.60
67	142.80	124.80	150.00	130.80	165.60	144.00
68	150.00	130.80	158.40	138.00	174.00	151.20
69	158.40	138.00	165.60	144.00	182.40	158.40
70	165.60	144.00	174.00	151.20	192.00	166.80
71	174.00	151.20	182.40	158.40	201.60	175.20
72	183.60	158.40	192.00	166.80	211.20	183.60
73	192.00	166.80	201.60	174.00	222.00	192.00
74	201.60	174.00	212.40	182.40	232.80	201.60
75	212.40	182.40	222.00	192.00	244.80	211.20
76	222.00	190.80	234.00	200.40	256.80	220.80
77	234.00	200.40	244.80	210.00	270.00	231.60
78	241.20	206.40	253.20	217.20	278.40	238.80
79	249.60	213.60	261.60	224.40	288.00	246.00
80	258.00	219.60	271.20	230.40	297.60	254.40
81	266.40	226.80	279.60	238.80	308.40	261.60
82	276.00	234.00	289.20	246.00	318.00	270.00
83	283.20	240.00	297.60	252.00	327.60	277.20
84	291.60	246.00	306.00	258.00	336.00	284.40
85	300.00	252.00	314.40	265.20	345.60	291.60
86	307.20	258.00	322.80	271.20	355.20	298.80
87	315.60	265.20	331.20	278.40	364.80	306.00
88	325.20	271.20	340.80	284.40	375.60	313.20
89	333.60	278.40	350.40	291.60	385.20	321.60

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

If Rider UR-AB-287 is elected, multiply the above premium by 1.05

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 0.70
Standard = 1.00

Rates certify to a 60% anticipated loss ratio.

MLRSR268(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR268
Gross Premium Code: 268D - Rate Group: 694
INFLATION SHIELD RIDER
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 05/07/1996 Through 05/16/2002

Issue Age	0Day EP Area 1 Premium	90Day EP Area 1 Premium	0Day EP Area 2 Premium	90Day EP Area 2 Premium	0Day EP Area 3 Premium	90Day EP Area 3 Premium
18 - 29	5.66	5.66	7.08	7.08	7.08	7.08
30 - 39	14.16	14.16	15.58	14.16	16.99	15.58
40 - 49	35.40	32.57	36.82	33.99	41.07	36.82
50 - 59	84.98	75.06	89.23	79.31	97.73	86.40
60 - 64	121.81	106.22	127.47	111.89	140.22	123.22
65	147.30	130.30	155.80	135.97	171.38	150.13
66	158.63	138.80	165.71	145.88	182.71	160.05
67	168.55	147.30	177.04	154.38	195.46	169.96
68	177.04	154.38	186.96	162.88	205.37	178.46
69	186.96	162.88	195.46	169.96	215.29	186.96
70	195.46	169.96	205.37	178.46	226.62	196.87
71	205.37	178.46	215.29	186.96	237.95	206.79
72	216.70	186.96	226.62	196.87	249.28	216.70
73	226.62	196.87	237.95	205.37	262.03	226.62
74	237.95	205.37	250.70	215.29	274.78	237.95
75	250.70	215.29	262.03	226.62	288.94	249.28
76	262.03	225.20	276.19	236.53	303.10	260.61
77	276.19	236.53	288.94	247.86	318.68	273.36
78	284.69	243.62	298.85	256.36	328.60	281.86
79	294.61	252.11	308.77	264.86	339.93	290.36
80	304.52	259.20	320.10	271.94	351.26	300.27
81	314.43	267.69	330.02	281.86	364.01	308.77
82	325.77	276.19	341.35	290.36	375.34	318.68
83	334.26	283.27	351.26	297.44	386.67	327.18
84	344.18	290.36	361.18	304.52	396.59	335.68
85	354.09	297.44	371.09	313.02	407.92	344.18
86	362.59	304.52	381.01	320.10	419.25	352.68
87	372.51	313.02	390.92	328.60	430.58	361.18
88	383.84	320.10	402.25	335.68	443.33	369.67
89	393.75	328.60	413.58	344.18	454.66	379.59

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

If Rider UR-AB-287 is elected, multiply the above premium by 1.05

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 0.70
Standard = 1.00

Rates certify to a 60% anticipated loss ratio.

MLRSR268(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR268
Gross Premium Code: 268I - Rate Group: 694
INFLATION SHIELD RIDER
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 05/07/1996 Through 05/16/2002

Issue Age	0Day EP Area 1 Premium	90Day EP Area 1 Premium	0Day EP Area 2 Premium	90Day EP Area 2 Premium	0Day EP Area 3 Premium	90Day EP Area 3 Premium
18 - 29	7.20	6.00	7.20	7.20	8.40	7.20
30 - 39	18.00	16.80	19.20	18.00	20.40	19.20
40 - 49	44.40	39.60	46.80	42.00	51.60	46.80
50 - 59	92.40	82.80	97.20	87.60	106.80	96.00
60 - 64	126.00	111.60	133.20	117.60	146.40	129.60
65	148.80	130.80	156.00	138.00	171.60	151.20
66	157.20	138.00	165.60	145.20	182.40	159.60
67	166.80	145.20	174.00	152.40	192.00	168.00
68	174.00	152.40	183.60	159.60	201.60	176.40
69	182.40	159.60	192.00	166.80	211.20	183.60
70	192.00	166.80	201.60	175.20	220.80	192.00
71	201.60	174.00	211.20	183.60	231.60	201.60
72	211.20	182.40	220.80	192.00	243.60	211.20
73	220.80	190.80	231.60	200.40	254.40	220.80
74	231.60	199.20	242.40	210.00	267.60	230.40
75	242.40	208.80	254.40	218.40	279.60	241.20
76	254.40	218.40	266.40	229.20	292.80	252.00
77	266.40	228.00	279.60	238.80	307.20	262.80
78	273.60	234.00	288.00	246.00	316.80	270.00
79	282.00	240.00	296.40	252.00	325.20	277.20
80	290.40	247.20	304.80	259.20	334.80	285.60
81	298.80	253.20	313.20	266.40	344.40	292.80
82	307.20	260.40	322.80	273.60	355.20	300.00
83	315.60	266.40	331.20	279.60	363.60	307.20
84	322.80	272.40	339.60	285.60	373.20	313.20
85	331.20	277.20	348.00	291.60	382.80	320.40
86	339.60	283.20	356.40	297.60	392.40	327.60
87	348.00	290.40	364.80	304.80	402.00	334.80
88	356.40	296.40	374.40	310.80	411.60	342.00
89	366.00	302.40	384.00	318.00	422.40	349.20

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

If Rider UR-AB-287 is elected, multiply the above premium by 1.05

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 0.70
Standard = 1.00

Rates certify to a 60% anticipated loss ratio.

MLRSR268(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR268
Gross Premium Code: 268I - Rate Group: 694
INFLATION SHIELD RIDER
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 05/07/1996 Through 05/16/2002

Issue Age	0Day EP Area 1 Premium	90Day EP Area 1 Premium	0Day EP Area 2 Premium	90Day EP Area 2 Premium	0Day EP Area 3 Premium	90Day EP Area 3 Premium
18 - 29	8.49	7.08	8.49	8.49	9.91	8.49
30 - 39	21.24	19.82	22.66	21.24	24.07	22.66
40 - 49	52.40	46.74	55.23	49.57	60.90	55.23
50 - 59	109.06	97.73	114.72	103.39	126.05	113.31
60 - 64	148.72	131.72	157.22	138.80	172.80	152.97
65	175.63	154.38	184.13	162.88	202.54	178.46
66	185.54	162.88	195.46	171.38	215.29	188.38
67	196.87	171.38	205.37	179.88	226.62	198.29
68	205.37	179.88	216.70	188.38	237.95	208.21
69	215.29	188.38	226.62	196.87	249.28	216.70
70	226.62	196.87	237.95	206.79	260.61	226.62
71	237.95	205.37	249.28	216.70	273.36	237.95
72	249.28	215.29	260.61	226.62	287.52	249.28
73	260.61	225.20	273.36	236.53	300.27	260.61
74	273.36	235.12	286.11	247.86	315.85	271.94
75	286.11	246.45	300.27	257.78	330.02	284.69
76	300.27	257.78	314.43	270.53	345.60	297.44
77	314.43	269.11	330.02	281.86	362.59	310.19
78	322.93	276.19	339.93	290.36	373.92	318.68
79	332.85	283.27	349.84	297.44	383.84	327.18
80	342.76	291.77	359.76	305.94	395.17	337.10
81	352.68	298.85	369.67	314.43	406.50	345.60
82	362.59	307.35	381.01	322.93	419.25	354.09
83	372.51	314.43	390.92	330.02	429.16	362.59
84	381.01	321.52	400.84	337.10	440.49	369.67
85	390.92	327.18	410.75	344.18	451.83	378.17
86	400.84	334.26	420.66	351.26	463.16	386.67
87	410.75	342.76	430.58	359.76	474.49	395.17
88	420.66	349.84	441.91	366.84	485.82	403.67
89	432.00	356.93	453.24	375.34	498.57	412.17

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

If Rider UR-AB-287 is elected, multiply the above premium by 1.05

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 0.70
Standard = 1.00

Rates certify to a 60% anticipated loss ratio.

MLRSR268(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR273
Gross Premium Code: 273 - Rate Group: 694
Return of Premium Rider

RATE SCHEDULE - Arkansas
For Forms Issued From 05/07/1996 Through 05/16/2002

Rider Rates per $1 of Annual Premiums

Issue Age	Factor
18 - 29	1.296
30 - 39	1.296
40 - 49	1.296
50 - 59	1.296
60 - 64	1.296
65	1.077
66	1.077
67	1.077
68	1.077
69	1.077
70	1.077
71	1.077
72	1.077
73	1.077
74	1.077
75	0.698
76	0.698
77	0.698
78	0.698
79	0.698
80	0.698
81	0.698
82	0.698
83	0.698
84	0.698
85	0.698
86	0.698
87	0.698
88	0.698
89	0.698

RATE DESCRIPTION

Annual Premium Rates Per Individual
As a factor of policy and other rider premium

Rates certify to a 60% anticipated loss ratio.

MLRSR273(AR) 9/06

Proposed Rates

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT694
Gross Premium Code: 694A - Rate Group: 694
LONG TERM CARE POLICY
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 05/07/1996 Through 05/16/2002

Issue Age	0Day EP Area 1 Premium	90Day EP Area 1 Premium	0Day EP Area 2 Premium	90Day EP Area 2 Premium	0Day EP Area 3 Premium	90Day EP Area 3 Premium
18 - 29	10.80	10.80	12.00	12.00	13.20	13.20
30 - 39	14.40	13.20	14.40	14.40	15.60	15.60
40 - 49	22.80	20.40	24.00	21.60	26.40	24.00
50 - 59	45.60	40.80	48.00	42.00	52.80	46.80
60 - 64	74.40	63.60	78.00	67.20	85.20	74.40
65	102.00	87.60	108.00	92.40	118.80	100.80
66	114.00	97.20	120.00	102.00	132.00	112.80
67	127.20	108.00	133.20	114.00	146.40	124.80
68	141.60	120.00	147.60	126.00	163.20	139.20
69	157.20	133.20	164.40	140.40	181.20	153.60
70	174.00	147.60	182.40	156.00	201.60	170.40
71	193.20	164.40	202.80	172.80	223.20	189.60
72	214.80	182.40	225.60	190.80	248.40	210.00
73	238.80	202.80	250.80	212.40	276.00	234.00
74	265.20	224.40	278.40	235.20	306.00	259.20
75	295.20	249.60	309.60	261.60	340.80	288.00
76	327.60	276.00	344.40	290.40	378.00	319.20
77	364.80	307.20	381.60	321.60	420.00	354.00
78	397.20	333.60	416.40	350.40	458.40	385.20
79	433.20	363.60	454.80	381.60	500.40	420.00
80	471.60	396.00	495.60	416.40	544.80	457.20
81	514.80	432.00	540.00	452.40	594.00	498.00
82	561.60	470.40	589.20	493.20	648.00	542.40
83	610.80	511.20	640.80	536.40	705.60	590.40
84	664.80	555.60	698.40	583.20	768.00	642.00
85	724.80	603.60	759.60	633.60	836.40	697.20
86	788.40	656.40	828.00	688.80	910.80	758.40
87	858.00	714.00	901.20	750.00	991.20	824.40
88	934.80	776.40	980.40	814.80	1,078.80	896.40
89	1,017.60	843.60	1,068.00	885.60	1,174.80	974.40

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

If Rider UR-AB-287 is elected, multiply the above premium by 1.05

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 0.70
Standard = 1.00

Rates certify to a 60% anticipated loss ratio.

A $20.00 Policy Fee is added to the first premium.

MLRS694(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT694
Gross Premium Code: 694A - Rate Group: 694
LONG TERM CARE POLICY
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 05/07/1996 Through 05/16/2002

Issue Age	0Day EP Area 1 Premium	90Day EP Area 1 Premium	0Day EP Area 2 Premium	90Day EP Area 2 Premium	0Day EP Area 3 Premium	90Day EP Area 3 Premium
18 - 29	12.74	12.74	14.16	14.16	15.58	15.58
30 - 39	16.99	15.58	16.99	16.99	18.41	18.41
40 - 49	26.91	24.07	28.32	25.49	31.16	28.32
50 - 59	53.82	48.15	56.65	49.57	62.32	55.23
60 - 64	87.81	75.06	92.06	79.31	100.56	87.81
65	120.39	103.39	127.47	109.06	140.22	118.97
66	134.55	114.72	141.63	120.39	155.80	133.14
67	150.13	127.47	157.22	134.55	172.80	147.30
68	167.13	141.63	174.21	148.72	192.62	164.30
69	185.54	157.22	194.04	165.71	213.87	181.29
70	205.37	174.21	215.29	184.13	237.95	201.12
71	228.03	194.04	239.37	203.96	263.44	223.79
72	253.53	215.29	266.28	225.20	293.19	247.86
73	281.86	239.37	296.02	250.70	325.77	276.19
74	313.02	264.86	328.60	277.61	361.18	305.94
75	348.43	294.61	365.43	308.77	402.25	339.93
76	386.67	325.77	406.50	342.76	446.16	376.76
77	430.58	362.59	450.41	379.59	495.73	417.83
78	468.82	393.75	491.48	413.58	541.06	454.66
79	511.31	429.16	536.81	450.41	590.63	495.73
80	556.64	467.41	584.97	491.48	643.04	539.64
81	607.63	509.90	637.37	533.98	701.11	587.80
82	662.87	555.22	695.45	582.13	764.85	640.21
83	720.94	603.38	756.35	633.12	832.84	696.86
84	784.68	655.79	824.34	688.36	906.49	757.77
85	855.50	712.44	896.57	747.85	987.22	822.92
86	930.57	774.76	977.31	813.01	1,075.04	895.16
87	1,012.72	842.75	1,063.71	885.24	1,169.94	973.06
88	1,103.37	916.40	1,157.19	961.73	1,273.34	1,058.04
89	1,201.10	995.72	1,260.59	1,045.30	1,386.65	1,150.11

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

If Rider UR-AB-287 is elected, multiply the above premium by 1.05

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 0.70
Standard = 1.00

Rates certify to a 60% anticipated loss ratio.

A $20.00 Policy Fee is added to the first premium.

MLRS694(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT694
Gross Premium Code: 694B - Rate Group: 694
LONG TERM CARE POLICY
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 05/07/1996 Through 05/16/2002

Issue Age	0Day EP Area 1 Premium	90Day EP Area 1 Premium	0Day EP Area 2 Premium	90Day EP Area 2 Premium	0Day EP Area 3 Premium	90Day EP Area 3 Premium
18 - 29	12.00	10.80	12.00	12.00	13.20	13.20
30 - 39	15.60	14.40	15.60	15.60	18.00	16.80
40 - 49	26.40	24.00	27.60	25.20	30.00	27.60
50 - 59	55.20	49.20	58.80	51.60	64.80	56.40
60 - 64	91.20	79.20	96.00	82.80	105.60	91.20
65	127.20	109.20	133.20	115.20	146.40	126.00
66	141.60	122.40	148.80	128.40	163.20	140.40
67	158.40	135.60	165.60	142.80	182.40	157.20
68	176.40	151.20	184.80	158.40	204.00	174.00
69	195.60	168.00	206.40	176.40	226.80	194.40
70	218.40	187.20	229.20	195.60	252.00	216.00
71	243.60	207.60	255.60	217.20	280.80	240.00
72	270.00	230.40	284.40	242.40	312.00	266.40
73	301.20	256.80	315.60	268.80	348.00	296.40
74	336.00	285.60	351.60	298.80	387.60	328.80
75	373.20	316.80	392.40	332.40	430.80	366.00
76	416.40	352.80	436.80	369.60	480.00	406.80
77	463.20	392.40	486.00	411.60	534.00	452.40
78	506.40	427.20	531.60	448.80	584.40	493.20
79	553.20	466.80	580.80	489.60	638.40	538.80
80	604.80	508.80	634.80	534.00	698.40	588.00
81	661.20	555.60	693.60	583.20	763.20	640.80
82	722.40	606.00	758.40	636.00	834.00	699.60
83	788.40	661.20	828.00	693.60	910.80	762.00
84	860.40	720.00	903.60	754.80	993.60	830.40
85	939.60	784.80	986.40	823.20	1,084.80	904.80
86	1,026.00	854.40	1,077.60	896.40	1,184.40	986.40
87	1,120.80	931.20	1,176.00	976.80	1,293.60	1,075.20
88	1,224.00	1,014.00	1,284.00	1,064.40	1,412.40	1,171.20
89	1,335.60	1,105.20	1,401.60	1,159.20	1,542.00	1,275.60

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

If Rider UR-AB-287 is elected, multiply the above premium by 1.05

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 0.70
Standard = 1.00

Rates certify to a 60% anticipated loss ratio.

A $20.00 Policy Fee is added to the first premium.

MLRS694(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT694
Gross Premium Code: 694B - Rate Group: 694
LONG TERM CARE POLICY
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 05/07/1996 Through 05/16/2002

Issue Age	0Day EP Area 1 Premium	90Day EP Area 1 Premium	0Day EP Area 2 Premium	90Day EP Area 2 Premium	0Day EP Area 3 Premium	90Day EP Area 3 Premium
18 - 29	14.16	12.74	14.16	14.16	15.58	15.58
30 - 39	18.41	16.99	18.41	18.41	21.24	19.82
40 - 49	31.16	28.32	32.57	29.74	35.40	32.57
50 - 59	65.15	58.07	69.40	60.90	76.48	66.57
60 - 64	107.64	93.48	113.31	97.73	124.64	107.64
65	150.13	128.89	157.22	135.97	172.80	148.72
66	167.13	144.47	175.63	151.55	192.62	165.71
67	186.96	160.05	195.46	168.55	215.29	185.54
68	208.21	178.46	218.12	186.96	240.78	205.37
69	230.87	198.29	243.62	208.21	267.69	229.45
70	257.78	220.95	270.53	230.87	297.44	254.95
71	287.52	245.03	301.69	256.36	331.43	283.27
72	318.68	271.94	335.68	286.11	368.26	314.43
73	355.51	303.10	372.51	317.27	410.75	349.84
74	396.59	337.10	415.00	352.68	457.49	388.09
75	440.49	373.92	463.16	392.34	508.48	432.00
76	491.48	416.42	515.56	436.25	566.55	480.15
77	546.72	463.16	573.64	485.82	630.29	533.98
78	597.71	504.23	627.46	529.73	689.78	582.13
79	652.95	550.97	685.53	577.88	753.52	635.96
80	713.86	600.55	749.27	630.29	824.34	694.03
81	780.43	655.79	818.67	688.36	900.82	756.35
82	852.67	715.28	895.16	750.68	984.39	825.75
83	930.57	780.43	977.31	818.67	1,075.04	899.41
84	1,015.55	849.83	1,066.54	890.91	1,172.77	980.14
85	1,109.03	926.32	1,164.27	971.64	1,280.42	1,067.96
86	1,211.01	1,008.47	1,271.92	1,058.04	1,397.98	1,164.27
87	1,322.91	1,099.12	1,388.06	1,152.94	1,526.87	1,269.09
88	1,444.72	1,196.85	1,515.54	1,256.34	1,667.09	1,382.40
89	1,576.44	1,304.50	1,654.35	1,368.23	1,820.06	1,505.62

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

If Rider UR-AB-287 is elected, multiply the above premium by 1.05

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 0.70
Standard = 1.00

Rates certify to a 60% anticipated loss ratio.

A $20.00 Policy Fee is added to the first premium.

MLRS694(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT694
Gross Premium Code: 694C - Rate Group: 694
LONG TERM CARE POLICY
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 05/07/1996 Through 05/16/2002

Issue Age	0Day EP Area 1 Premium	90Day EP Area 1 Premium	0Day EP Area 2 Premium	90Day EP Area 2 Premium	0Day EP Area 3 Premium	90Day EP Area 3 Premium
18 - 29	12.00	12.00	12.00	12.00	14.40	13.20
30 - 39	15.60	15.60	16.80	15.60	18.00	18.00
40 - 49	28.80	26.40	30.00	27.60	32.40	30.00
50 - 59	62.40	55.20	66.00	57.60	72.00	63.60
60 - 64	103.20	90.00	108.00	94.80	118.80	104.40
65	142.80	124.80	150.00	130.80	165.60	144.00
66	159.60	139.20	168.00	146.40	184.80	160.80
67	178.80	156.00	187.20	163.20	206.40	180.00
68	199.20	172.80	208.80	181.20	230.40	199.20
69	222.00	192.00	232.80	201.60	255.60	222.00
70	247.20	213.60	259.20	224.40	285.60	247.20
71	274.80	237.60	289.20	249.60	318.00	274.80
72	307.20	265.20	321.60	278.40	354.00	306.00
73	342.00	295.20	358.80	309.60	394.80	339.60
74	380.40	327.60	399.60	344.40	439.20	378.00
75	424.80	364.80	445.20	382.80	489.60	421.20
76	472.80	405.60	496.80	426.00	546.00	468.00
77	528.00	451.20	553.20	474.00	608.40	520.80
78	577.20	493.20	606.00	517.20	666.00	568.80
79	631.20	538.80	662.40	565.20	728.40	621.60
80	691.20	588.00	724.80	618.00	798.00	679.20
81	756.00	643.20	793.20	674.40	872.40	741.60
82	826.80	702.00	867.60	736.80	955.20	810.00
83	904.80	765.60	949.20	804.00	1,044.00	884.40
84	988.80	836.40	1,038.00	877.20	1,142.40	964.80
85	1,081.20	912.00	1,135.20	957.60	1,249.20	1,053.60
86	1,183.20	996.00	1,240.80	1,045.20	1,365.60	1,149.60
87	1,293.60	1,087.20	1,357.20	1,140.00	1,492.80	1,254.00
88	1,414.80	1,185.60	1,484.40	1,244.40	1,633.20	1,369.20
89	1,546.80	1,294.80	1,623.60	1,358.40	1,785.60	1,494.00

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

If Rider UR-AB-287 is elected, multiply the above premium by 1.05

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 0.70
Standard = 1.00

Rates certify to a 60% anticipated loss ratio.

A $20.00 Policy Fee is added to the first premium.

MLRS694(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT694
Gross Premium Code: 694C - Rate Group: 694
LONG TERM CARE POLICY
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 05/07/1996 Through 05/16/2002

Issue Age	0Day EP Area 1 Premium	90Day EP Area 1 Premium	0Day EP Area 2 Premium	90Day EP Area 2 Premium	0Day EP Area 3 Premium	90Day EP Area 3 Premium
18 - 29	14.16	14.16	14.16	14.16	16.99	15.58
30 - 39	18.41	18.41	19.82	18.41	21.24	21.24
40 - 49	33.99	31.16	35.40	32.57	38.24	35.40
50 - 59	73.65	65.15	77.90	67.98	84.98	75.06
60 - 64	121.81	106.22	127.47	111.89	140.22	123.22
65	168.55	147.30	177.04	154.38	195.46	169.96
66	188.38	164.30	198.29	172.80	218.12	189.79
67	211.04	184.13	220.95	192.62	243.62	212.45
68	235.12	203.96	246.45	213.87	271.94	235.12
69	262.03	226.62	274.78	237.95	301.69	262.03
70	291.77	252.11	305.94	264.86	337.10	291.77
71	324.35	280.44	341.35	294.61	375.34	324.35
72	362.59	313.02	379.59	328.60	417.83	361.18
73	403.67	348.43	423.50	365.43	465.99	400.84
74	448.99	386.67	471.65	406.50	518.40	446.16
75	501.40	430.58	525.48	451.83	577.88	497.15
76	558.06	478.74	586.38	502.82	644.46	552.39
77	623.21	532.56	652.95	559.47	718.11	614.71
78	681.28	582.13	715.28	610.46	786.09	671.37
79	745.02	635.96	781.85	667.12	859.75	733.69
80	815.84	694.03	855.50	729.44	941.90	801.68
81	892.32	759.18	936.23	796.01	1,029.72	875.33
82	975.89	828.59	1,024.05	869.66	1,127.45	956.06
83	1,067.96	903.66	1,120.36	948.98	1,232.26	1,043.88
84	1,167.11	987.22	1,225.18	1,035.38	1,348.40	1,138.78
85	1,276.17	1,076.46	1,339.91	1,130.28	1,474.46	1,243.59
86	1,396.56	1,175.60	1,464.55	1,233.68	1,611.85	1,356.90
87	1,526.87	1,283.25	1,601.94	1,345.57	1,761.99	1,480.13
88	1,669.93	1,399.39	1,752.08	1,468.80	1,927.71	1,616.10
89	1,825.73	1,528.29	1,916.38	1,603.36	2,107.59	1,763.41

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

If Rider UR-AB-287 is elected, multiply the above premium by 1.05

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 0.70
Standard = 1.00

Rates certify to a 60% anticipated loss ratio.

A $20.00 Policy Fee is added to the first premium.

MLRS694(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT694
Gross Premium Code: 694D - Rate Group: 694
LONG TERM CARE POLICY
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 05/07/1996 Through 05/16/2002

Issue Age	0Day EP Area 1 Premium	90Day EP Area 1 Premium	0Day EP Area 2 Premium	90Day EP Area 2 Premium	0Day EP Area 3 Premium	90Day EP Area 3 Premium
18 - 29	12.00	12.00	13.20	12.00	14.40	13.20
30 - 39	16.80	15.60	18.00	16.80	19.20	18.00
40 - 49	30.00	27.60	32.40	28.80	34.80	32.40
50 - 59	68.40	61.20	70.80	63.60	78.00	69.60
60 - 64	111.60	98.40	117.60	103.20	129.60	114.00
65	156.00	136.80	164.40	144.00	180.00	158.40
66	175.20	152.40	183.60	160.80	201.60	176.40
67	195.60	170.40	205.20	178.80	225.60	196.80
68	217.20	189.60	228.00	199.20	250.80	219.60
69	242.40	211.20	254.40	222.00	279.60	243.60
70	270.00	235.20	283.20	246.00	312.00	271.20
71	301.20	261.60	315.60	273.60	346.80	301.20
72	334.80	290.40	351.60	304.80	386.40	334.80
73	373.20	322.80	392.40	338.40	430.80	373.20
74	416.40	360.00	436.80	376.80	481.20	415.20
75	464.40	399.60	487.20	420.00	536.40	462.00
76	518.40	445.20	543.60	466.80	597.60	513.60
77	577.20	495.60	606.00	519.60	666.00	571.20
78	632.40	541.20	663.60	567.60	729.60	625.20
79	692.40	591.60	726.00	620.40	799.20	682.80
80	758.40	646.80	795.60	678.00	874.80	746.40
81	830.40	706.80	871.20	741.60	957.60	814.80
82	908.40	771.60	954.00	810.00	1,048.80	890.40
83	996.00	843.60	1,045.20	885.60	1,149.60	974.40
84	1,092.00	922.80	1,146.00	968.40	1,260.00	1,064.40
85	1,196.40	1,008.00	1,256.40	1,058.40	1,381.20	1,164.00
86	1,311.60	1,102.80	1,376.40	1,156.80	1,514.40	1,272.00
87	1,437.60	1,204.80	1,508.40	1,264.80	1,659.60	1,390.80
88	1,575.60	1,317.60	1,653.60	1,382.40	1,819.20	1,520.40
89	1,726.80	1,440.00	1,812.00	1,510.80	1,993.20	1,662.00

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

If Rider UR-AB-287 is elected, multiply the above premium by 1.05

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 0.70
Standard = 1.00

Rates certify to a 60% anticipated loss ratio.

A $20.00 Policy Fee is added to the first premium.

MLRS694(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT694
Gross Premium Code: 694D - Rate Group: 694
LONG TERM CARE POLICY
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 05/07/1996 Through 05/16/2002

Issue Age	0Day EP Area 1 Premium	90Day EP Area 1 Premium	0Day EP Area 2 Premium	90Day EP Area 2 Premium	0Day EP Area 3 Premium	90Day EP Area 3 Premium
18 - 29	14.16	14.16	15.58	14.16	16.99	15.58
30 - 39	19.82	18.41	21.24	19.82	22.66	21.24
40 - 49	35.40	32.57	38.24	33.99	41.07	38.24
50 - 59	80.73	72.23	83.56	75.06	92.06	82.15
60 - 64	131.72	116.14	138.80	121.81	152.97	134.55
65	184.13	161.46	194.04	169.96	212.45	186.96
66	206.79	179.88	216.70	189.79	237.95	208.21
67	230.87	201.12	242.20	211.04	266.28	232.28
68	256.36	223.79	269.11	235.12	296.02	259.20
69	286.11	249.28	300.27	262.03	330.02	287.52
70	318.68	277.61	334.26	290.36	368.26	320.10
71	355.51	308.77	372.51	322.93	409.33	355.51
72	395.17	342.76	415.00	359.76	456.07	395.17
73	440.49	381.01	463.16	399.42	508.48	440.49
74	491.48	424.91	515.56	444.74	567.97	490.07
75	548.14	471.65	575.05	495.73	633.12	545.31
76	611.88	525.48	641.62	550.97	705.36	606.21
77	681.28	584.97	715.28	613.29	786.09	674.20
78	746.44	638.79	783.26	669.95	861.16	737.94
79	817.26	698.28	856.91	732.27	943.31	805.92
80	895.16	763.43	939.07	800.26	1,032.55	880.99
81	980.14	834.25	1,028.30	875.33	1,130.28	961.73
82	1,072.21	910.74	1,126.03	956.06	1,237.93	1,050.96
83	1,175.60	995.72	1,233.68	1,045.30	1,356.90	1,150.11
84	1,288.92	1,089.20	1,352.65	1,143.03	1,487.21	1,256.34
85	1,412.14	1,189.77	1,482.96	1,249.26	1,630.27	1,373.90
86	1,548.12	1,301.66	1,624.60	1,365.40	1,787.49	1,501.38
87	1,696.84	1,422.06	1,780.41	1,492.88	1,958.87	1,641.60
88	1,859.72	1,555.20	1,951.79	1,631.68	2,147.25	1,794.57
89	2,038.19	1,699.67	2,138.75	1,783.24	2,352.63	1,961.70

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

If Rider UR-AB-287 is elected, multiply the above premium by 1.05

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 0.70
Standard = 1.00

Rates certify to a 60% anticipated loss ratio.

A $20.00 Policy Fee is added to the first premium.

MLRS694(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT694
Gross Premium Code: 694I - Rate Group: 694
LONG TERM CARE POLICY
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 05/07/1996 Through 05/16/2002

Issue Age	0Day EP Area 1 Premium	90Day EP Area 1 Premium	0Day EP Area 2 Premium	90Day EP Area 2 Premium	0Day EP Area 3 Premium	90Day EP Area 3 Premium
18 - 29	15.60	15.60	16.80	15.60	18.00	16.80
30 - 39	24.00	22.80	25.20	24.00	27.60	26.40
40 - 49	44.40	40.80	46.80	43.20	51.60	46.80
50 - 59	88.80	79.20	92.40	82.80	102.00	91.20
60 - 64	138.00	122.40	145.20	128.40	159.60	140.40
65	186.00	163.20	195.60	171.60	214.80	188.40
66	205.20	180.00	216.00	189.60	237.60	207.60
67	226.80	199.20	238.80	208.80	261.60	229.20
68	252.00	220.80	265.20	231.60	291.60	254.40
69	280.80	244.80	294.00	256.80	324.00	282.00
70	312.00	271.20	327.60	284.40	360.00	313.20
71	346.80	301.20	363.60	315.60	400.80	348.00
72	385.20	333.60	404.40	350.40	445.20	385.20
73	429.60	370.80	450.00	388.80	495.60	428.40
74	477.60	411.60	501.60	432.00	550.80	475.20
75	531.60	457.20	558.00	480.00	613.20	528.00
76	591.60	507.60	620.40	532.80	682.80	586.80
77	658.80	564.00	691.20	591.60	759.60	651.60
78	717.60	613.20	753.60	643.20	828.00	708.00
79	782.40	667.20	820.80	699.60	902.40	770.40
80	853.20	724.80	895.20	760.80	984.00	837.60
81	930.00	788.40	975.60	828.00	1,072.80	910.80
82	1,012.80	858.00	1,063.20	900.00	1,170.00	990.00
83	1,107.60	934.80	1,162.80	980.40	1,279.20	1,078.80
84	1,210.80	1,018.80	1,270.80	1,069.20	1,398.00	1,176.00
85	1,323.60	1,110.00	1,389.60	1,165.20	1,527.60	1,281.60
86	1,447.20	1,209.60	1,519.20	1,269.60	1,670.40	1,396.80
87	1,581.60	1,318.80	1,660.80	1,383.60	1,826.40	1,521.60
88	1,729.20	1,437.60	1,814.40	1,508.40	1,996.80	1,658.40
89	1,891.20	1,566.00	1,983.60	1,644.00	2,182.80	1,808.40

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

If Rider UR-AB-287 is elected, multiply the above premium by 1.05

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 0.70
Standard = 1.00

Rates certify to a 60% anticipated loss ratio.

A $20.00 Policy Fee is added to the first premium.

MLRS694(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT694
Gross Premium Code: 694I - Rate Group: 694
LONG TERM CARE POLICY
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 05/07/1996 Through 05/16/2002

Issue Age	0Day EP Area 1 Premium	90Day EP Area 1 Premium	0Day EP Area 2 Premium	90Day EP Area 2 Premium	0Day EP Area 3 Premium	90Day EP Area 3 Premium
18 - 29	18.41	18.41	19.82	18.41	21.24	19.82
30 - 39	28.32	26.91	29.74	28.32	32.57	31.16
40 - 49	52.40	48.15	55.23	50.99	60.90	55.23
50 - 59	104.81	93.48	109.06	97.73	120.39	107.64
60 - 64	162.88	144.47	171.38	151.55	188.38	165.71
65	219.54	192.62	230.87	202.54	253.53	222.37
66	242.20	212.45	254.95	223.79	280.44	245.03
67	267.69	235.12	281.86	246.45	308.77	270.53
68	297.44	260.61	313.02	273.36	344.18	300.27
69	331.43	288.94	347.01	303.10	382.42	332.85
70	368.26	320.10	386.67	335.68	424.91	369.67
71	409.33	355.51	429.16	372.51	473.07	410.75
72	454.66	393.75	477.32	413.58	525.48	454.66
73	507.06	437.66	531.14	458.91	584.97	505.65
74	563.72	485.82	592.05	509.90	650.12	560.89
75	627.46	539.64	658.62	566.55	723.77	623.21
76	698.28	599.13	732.27	628.87	805.92	692.61
77	777.60	665.70	815.84	698.28	896.57	769.10
78	847.00	723.77	889.49	759.18	977.31	835.67
79	923.49	787.51	968.81	825.75	1,065.13	909.32
80	1,007.05	855.50	1,056.63	897.99	1,161.44	988.64
81	1,097.70	930.57	1,151.53	977.31	1,266.25	1,075.04
82	1,195.43	1,012.72	1,254.92	1,062.29	1,380.98	1,168.52
83	1,307.33	1,103.37	1,372.48	1,157.19	1,509.87	1,273.34
84	1,429.14	1,202.52	1,499.96	1,262.00	1,650.10	1,388.06
85	1,562.28	1,310.16	1,640.18	1,375.32	1,803.07	1,512.71
86	1,708.17	1,427.72	1,793.15	1,498.54	1,971.62	1,648.68
87	1,866.81	1,556.61	1,960.29	1,633.10	2,155.75	1,795.99
88	2,041.02	1,696.84	2,141.59	1,780.41	2,356.88	1,957.45
89	2,232.24	1,848.39	2,341.30	1,940.46	2,576.42	2,134.50

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

If Rider UR-AB-287 is elected, multiply the above premium by 1.05

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 0.70
Standard = 1.00

Rates certify to a 60% anticipated loss ratio.

A $20.00 Policy Fee is added to the first premium.

MLRS694(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424A - Rate Group: 698
Inflation Shield Rider - Tax Qualified
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	6.00	4.80
30 - 39	10.80	8.40
40 - 49	20.40	18.00
50 - 59	42.00	37.20
60 - 64	57.60	48.00
65	64.80	54.00
66	68.40	57.60
67	72.00	60.00
68	73.20	61.20
69	75.60	62.40
70	78.00	64.80
71	80.40	67.20
72	81.60	68.40
73	85.20	70.80
74	87.60	73.20
75	88.80	74.40
76	91.20	78.00
77	93.60	78.00
78	94.80	80.40
79	98.40	80.40
80	98.40	81.60
81	99.60	84.00
82	100.80	84.00
83	102.00	84.00
84	104.40	85.20
85	104.40	86.40
86	105.60	86.40
87	105.60	86.40
88	105.60	86.40
89	104.40	85.20

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424A - Rate Group: 698
Inflation Shield Rider - Tax Qualified
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	7.08	5.66
30 - 39	12.74	9.91
40 - 49	24.07	21.24
50 - 59	49.57	43.90
60 - 64	67.98	56.65
65	76.48	63.73
66	80.73	67.98
67	84.98	70.81
68	86.40	72.23
69	89.23	73.65
70	92.06	76.48
71	94.89	79.31
72	96.31	80.73
73	100.56	83.56
74	103.39	86.40
75	104.81	87.81
76	107.64	92.06
77	110.47	92.06
78	111.89	94.89
79	116.14	94.89
80	116.14	96.31
81	117.56	99.14
82	118.97	99.14
83	120.39	99.14
84	123.22	100.56
85	123.22	101.98
86	124.64	101.98
87	124.64	101.98
88	124.64	101.98
89	123.22	100.56

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424B - Rate Group: 698
Inflation Shield Rider - Tax Qualified
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	6.00	6.00
30 - 39	12.00	12.00
40 - 49	26.40	21.60
50 - 59	52.80	45.60
60 - 64	70.80	60.00
65	80.40	70.80
66	85.20	73.20
67	88.80	75.60
68	92.40	78.00
69	94.80	80.40
70	98.40	84.00
71	100.80	85.20
72	104.40	87.60
73	106.80	91.20
74	110.40	92.40
75	112.80	94.80
76	115.20	98.40
77	118.80	99.60
78	121.20	100.80
79	122.40	104.40
80	124.80	104.40
81	127.20	105.60
82	128.40	106.80
83	132.00	108.00
84	133.20	110.40
85	134.40	111.60
86	134.40	111.60
87	135.60	111.60
88	135.60	111.60
89	134.40	110.40

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424B - Rate Group: 698
Inflation Shield Rider - Tax Qualified
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	7.08	7.08
30 - 39	14.16	14.16
40 - 49	31.16	25.49
50 - 59	62.32	53.82
60 - 64	83.56	70.81
65	94.89	83.56
66	100.56	86.40
67	104.81	89.23
68	109.06	92.06
69	111.89	94.89
70	116.14	99.14
71	118.97	100.56
72	123.22	103.39
73	126.05	107.64
74	130.30	109.06
75	133.14	111.89
76	135.97	116.14
77	140.22	117.56
78	143.05	118.97
79	144.47	123.22
80	147.30	123.22
81	150.13	124.64
82	151.55	126.05
83	155.80	127.47
84	157.22	130.30
85	158.63	131.72
86	158.63	131.72
87	160.05	131.72
88	160.05	131.72
89	158.63	130.30

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424C - Rate Group: 698
Inflation Shield Rider - Tax Qualified
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	7.20	6.00
30 - 39	14.40	12.00
40 - 49	28.80	26.40
50 - 59	60.00	51.60
60 - 64	80.40	68.40
65	92.40	79.20
66	97.20	84.00
67	100.80	86.40
68	104.40	88.80
69	108.00	92.40
70	111.60	94.80
71	114.00	98.40
72	117.60	100.80
73	121.20	104.40
74	124.80	106.80
75	128.40	110.40
76	132.00	112.80
77	134.40	114.00
78	139.20	118.80
79	140.40	118.80
80	141.60	121.20
81	145.20	122.40
82	146.40	124.80
83	148.80	126.00
84	152.40	127.20
85	153.60	128.40
86	154.80	130.80
87	157.20	130.80
88	157.20	128.40
89	154.80	128.40

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424C - Rate Group: 698
Inflation Shield Rider - Tax Qualified
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	8.49	7.08
30 - 39	16.99	14.16
40 - 49	33.99	31.16
50 - 59	70.81	60.90
60 - 64	94.89	80.73
65	109.06	93.48
66	114.72	99.14
67	118.97	101.98
68	123.22	104.81
69	127.47	109.06
70	131.72	111.89
71	134.55	116.14
72	138.80	118.97
73	143.05	123.22
74	147.30	126.05
75	151.55	130.30
76	155.80	133.14
77	158.63	134.55
78	164.30	140.22
79	165.71	140.22
80	167.13	143.05
81	171.38	144.47
82	172.80	147.30
83	175.63	148.72
84	179.88	150.13
85	181.29	151.55
86	182.71	154.38
87	185.54	154.38
88	185.54	151.55
89	182.71	151.55

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424D - Rate Group: 698
Inflation Shield Rider - Tax Qualified
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	8.40	7.20
30 - 39	15.60	13.20
40 - 49	32.40	27.60
50 - 59	66.00	57.60
60 - 64	87.60	75.60
65	100.80	87.60
66	105.60	91.20
67	111.60	94.80
68	114.00	98.40
69	118.80	100.80
70	121.20	104.40
71	124.80	108.00
72	127.20	110.40
73	132.00	114.00
74	135.60	117.60
75	140.40	120.00
76	145.20	124.80
77	148.80	126.00
78	152.40	128.40
79	154.80	132.00
80	158.40	133.20
81	159.60	134.40
82	162.00	135.60
83	165.60	139.20
84	170.40	141.60
85	172.80	144.00
86	174.00	145.20
87	175.20	145.20
88	175.20	145.20
89	175.20	145.20

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424D - Rate Group: 698
Inflation Shield Rider - Tax Qualified
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	9.91	8.49
30 - 39	18.41	15.58
40 - 49	38.24	32.57
50 - 59	77.90	67.98
60 - 64	103.39	89.23
65	118.97	103.39
66	124.64	107.64
67	131.72	111.89
68	134.55	116.14
69	140.22	118.97
70	143.05	123.22
71	147.30	127.47
72	150.13	130.30
73	155.80	134.55
74	160.05	138.80
75	165.71	141.63
76	171.38	147.30
77	175.63	148.72
78	179.88	151.55
79	182.71	155.80
80	186.96	157.22
81	188.38	158.63
82	191.21	160.05
83	195.46	164.30
84	201.12	167.13
85	203.96	169.96
86	205.37	171.38
87	206.79	171.38
88	206.79	171.38
89	206.79	171.38

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424E - Rate Group: 698
Inflation Shield Rider - Tax Qualified
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	8.40	8.40
30 - 39	19.20	15.60
40 - 49	37.20	32.40
50 - 59	73.20	64.80
60 - 64	98.40	85.20
65	112.80	98.40
66	118.80	100.80
67	122.40	105.60
68	127.20	110.40
69	132.00	112.80
70	134.40	115.20
71	139.20	118.80
72	141.60	121.20
73	146.40	126.00
74	152.40	128.40
75	154.80	133.20
76	159.60	135.60
77	164.40	139.20
78	166.80	141.60
79	170.40	145.20
80	172.80	146.40
81	175.20	148.80
82	178.80	148.80
83	183.60	152.40
84	186.00	154.80
85	188.40	157.20
86	190.80	158.40
87	193.20	158.40
88	193.20	158.40
89	193.20	157.20

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424E - Rate Group: 698
Inflation Shield Rider - Tax Qualified
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	9.91	9.91
30 - 39	22.66	18.41
40 - 49	43.90	38.24
50 - 59	86.40	76.48
60 - 64	116.14	100.56
65	133.14	116.14
66	140.22	118.97
67	144.47	124.64
68	150.13	130.30
69	155.80	133.14
70	158.63	135.97
71	164.30	140.22
72	167.13	143.05
73	172.80	148.72
74	179.88	151.55
75	182.71	157.22
76	188.38	160.05
77	194.04	164.30
78	196.87	167.13
79	201.12	171.38
80	203.96	172.80
81	206.79	175.63
82	211.04	175.63
83	216.70	179.88
84	219.54	182.71
85	222.37	185.54
86	225.20	186.96
87	228.03	186.96
88	228.03	186.96
89	228.03	185.54

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424F - Rate Group: 698
Inflation Shield Rider
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	6.00	6.00
30 - 39	12.00	8.40
40 - 49	21.60	19.20
50 - 59	46.80	39.60
60 - 64	61.20	52.80
65	72.00	60.00
66	74.40	62.40
67	79.20	66.00
68	80.40	67.20
69	84.00	70.80
70	86.40	72.00
71	87.60	73.20
72	91.20	74.40
73	93.60	78.00
74	97.20	80.40
75	98.40	81.60
76	100.80	84.00
77	104.40	86.40
78	104.40	87.60
79	106.80	88.80
80	108.00	91.20
81	110.40	91.20
82	111.60	91.20
83	112.80	93.60
84	114.00	93.60
85	114.00	93.60
86	115.20	94.80
87	115.20	94.80
88	115.20	93.60
89	114.00	93.60

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424F - Rate Group: 698
Inflation Shield Rider
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	7.08	7.08
30 - 39	14.16	9.91
40 - 49	25.49	22.66
50 - 59	55.23	46.74
60 - 64	72.23	62.32
65	84.98	70.81
66	87.81	73.65
67	93.48	77.90
68	94.89	79.31
69	99.14	83.56
70	101.98	84.98
71	103.39	86.40
72	107.64	87.81
73	110.47	92.06
74	114.72	94.89
75	116.14	96.31
76	118.97	99.14
77	123.22	101.98
78	123.22	103.39
79	126.05	104.81
80	127.47	107.64
81	130.30	107.64
82	131.72	107.64
83	133.14	110.47
84	134.55	110.47
85	134.55	110.47
86	135.97	111.89
87	135.97	111.89
88	135.97	110.47
89	134.55	110.47

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424G - Rate Group: 698
Inflation Shield Rider
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	7.20	6.00
30 - 39	13.20	12.00
40 - 49	28.80	24.00
50 - 59	60.00	49.20
60 - 64	78.00	67.20
65	88.80	78.00
66	93.60	80.40
67	98.40	84.00
68	100.80	86.40
69	104.40	88.80
70	108.00	91.20
71	111.60	93.60
72	114.00	97.20
73	117.60	99.60
74	121.20	100.80
75	124.80	104.40
76	128.40	108.00
77	130.80	110.40
78	133.20	111.60
79	134.40	114.00
80	138.00	114.00
81	139.20	117.60
82	141.60	118.80
83	144.00	120.00
84	146.40	121.20
85	147.60	121.20
86	148.80	122.40
87	148.80	122.40
88	148.80	121.20
89	148.80	121.20

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424G - Rate Group: 698
Inflation Shield Rider
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	8.49	7.08
30 - 39	15.58	14.16
40 - 49	33.99	28.32
50 - 59	70.81	58.07
60 - 64	92.06	79.31
65	104.81	92.06
66	110.47	94.89
67	116.14	99.14
68	118.97	101.98
69	123.22	104.81
70	127.47	107.64
71	131.72	110.47
72	134.55	114.72
73	138.80	117.56
74	143.05	118.97
75	147.30	123.22
76	151.55	127.47
77	154.38	130.30
78	157.22	131.72
79	158.63	134.55
80	162.88	134.55
81	164.30	138.80
82	167.13	140.22
83	169.96	141.63
84	172.80	143.05
85	174.21	143.05
86	175.63	144.47
87	175.63	144.47
88	175.63	143.05
89	175.63	143.05

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424H - Rate Group: 698
Inflation Shield Rider
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	8.40	7.20
30 - 39	15.60	13.20
40 - 49	32.40	27.60
50 - 59	66.00	57.60
60 - 64	87.60	75.60
65	100.80	87.60
66	105.60	91.20
67	111.60	94.80
68	114.00	98.40
69	118.80	100.80
70	121.20	104.40
71	124.80	108.00
72	128.40	111.60
73	133.20	114.00
74	138.00	117.60
75	141.60	121.20
76	145.20	124.80
77	148.80	127.20
78	152.40	128.40
79	154.80	132.00
80	157.20	133.20
81	159.60	134.40
82	160.80	135.60
83	164.40	139.20
84	166.80	140.40
85	170.40	141.60
86	171.60	141.60
87	172.80	141.60
88	172.80	141.60
89	171.60	141.60

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424H - Rate Group: 698
Inflation Shield Rider
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	9.91	8.49
30 - 39	18.41	15.58
40 - 49	38.24	32.57
50 - 59	77.90	67.98
60 - 64	103.39	89.23
65	118.97	103.39
66	124.64	107.64
67	131.72	111.89
68	134.55	116.14
69	140.22	118.97
70	143.05	123.22
71	147.30	127.47
72	151.55	131.72
73	157.22	134.55
74	162.88	138.80
75	167.13	143.05
76	171.38	147.30
77	175.63	150.13
78	179.88	151.55
79	182.71	155.80
80	185.54	157.22
81	188.38	158.63
82	189.79	160.05
83	194.04	164.30
84	196.87	165.71
85	201.12	167.13
86	202.54	167.13
87	203.96	167.13
88	203.96	167.13
89	202.54	167.13

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424I - Rate Group: 698
Inflation Shield Rider
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	8.40	8.40
30 - 39	18.00	15.60
40 - 49	34.80	31.20
50 - 59	72.00	62.40
60 - 64	97.20	84.00
65	111.60	97.20
66	115.20	100.80
67	121.20	104.40
68	124.80	108.00
69	128.40	111.60
70	133.20	114.00
71	135.60	118.80
72	140.40	121.20
73	145.20	124.80
74	148.80	128.40
75	154.80	132.00
76	159.60	135.60
77	162.00	139.20
78	166.80	141.60
79	170.40	145.20
80	172.80	146.40
81	175.20	148.80
82	178.80	148.80
83	183.60	152.40
84	186.00	154.80
85	188.40	158.40
86	192.00	159.60
87	193.20	159.60
88	193.20	160.80
89	193.20	159.60

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424I - Rate Group: 698
Inflation Shield Rider
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	9.91	9.91
30 - 39	21.24	18.41
40 - 49	41.07	36.82
50 - 59	84.98	73.65
60 - 64	114.72	99.14
65	131.72	114.72
66	135.97	118.97
67	143.05	123.22
68	147.30	127.47
69	151.55	131.72
70	157.22	134.55
71	160.05	140.22
72	165.71	143.05
73	171.38	147.30
74	175.63	151.55
75	182.71	155.80
76	188.38	160.05
77	191.21	164.30
78	196.87	167.13
79	201.12	171.38
80	203.96	172.80
81	206.79	175.63
82	211.04	175.63
83	216.70	179.88
84	219.54	182.71
85	222.37	186.96
86	226.62	188.38
87	228.03	188.38
88	228.03	189.79
89	228.03	188.38

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424J - Rate Group: 698
Inflation Shield Rider
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	10.80	8.40
30 - 39	20.40	19.20
40 - 49	40.80	37.20
50 - 59	81.60	72.00
60 - 64	108.00	93.60
65	124.80	108.00
66	128.40	111.60
67	134.40	117.60
68	139.20	120.00
69	144.00	124.80
70	148.80	127.20
71	152.40	132.00
72	154.80	134.40
73	162.00	139.20
74	165.60	141.60
75	171.60	146.40
76	175.20	151.20
77	180.00	153.60
78	184.80	157.20
79	187.20	159.60
80	190.80	160.80
81	193.20	162.00
82	195.60	165.60
83	200.40	166.80
84	204.00	170.40
85	207.60	172.80
86	211.20	172.80
87	212.40	174.00
88	213.60	174.00
89	213.60	172.80

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424J - Rate Group: 698
Inflation Shield Rider
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.74	9.91
30 - 39	24.07	22.66
40 - 49	48.15	43.90
50 - 59	96.31	84.98
60 - 64	127.47	110.47
65	147.30	127.47
66	151.55	131.72
67	158.63	138.80
68	164.30	141.63
69	169.96	147.30
70	175.63	150.13
71	179.88	155.80
72	182.71	158.63
73	191.21	164.30
74	195.46	167.13
75	202.54	172.80
76	206.79	178.46
77	212.45	181.29
78	218.12	185.54
79	220.95	188.38
80	225.20	189.79
81	228.03	191.21
82	230.87	195.46
83	236.53	196.87
84	240.78	201.12
85	245.03	203.96
86	249.28	203.96
87	250.70	205.37
88	252.11	205.37
89	252.11	203.96

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424K - Rate Group: 698
Inflation Shield Rider - Tax Qualified
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	7.20	6.00
30 - 39	15.60	13.20
40 - 49	34.80	28.80
50 - 59	93.60	80.40
60 - 64	128.40	110.40
65	128.40	110.40
66	128.40	108.00
67	128.40	108.00
68	127.20	106.80
69	124.80	105.60
70	122.40	104.40
71	121.20	102.00
72	120.00	100.80
73	118.80	99.60
74	115.20	98.40
75	114.00	97.20
76	112.80	94.80
77	111.60	93.60
78	111.60	93.60
79	111.60	92.40
80	110.40	91.20
81	110.40	91.20
82	108.00	91.20
83	110.40	91.20
84	110.40	91.20
85	111.60	91.20
86	111.60	91.20
87	111.60	91.20
88	112.80	91.20
89	112.80	91.20

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424K - Rate Group: 698
Inflation Shield Rider - Tax Qualified
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	8.49	7.08
30 - 39	18.41	15.58
40 - 49	41.07	33.99
50 - 59	110.47	94.89
60 - 64	151.55	130.30
65	151.55	130.30
66	151.55	127.47
67	151.55	127.47
68	150.13	126.05
69	147.30	124.64
70	144.47	123.22
71	143.05	120.39
72	141.63	118.97
73	140.22	117.56
74	135.97	116.14
75	134.55	114.72
76	133.14	111.89
77	131.72	110.47
78	131.72	110.47
79	131.72	109.06
80	130.30	107.64
81	130.30	107.64
82	127.47	107.64
83	130.30	107.64
84	130.30	107.64
85	131.72	107.64
86	131.72	107.64
87	131.72	107.64
88	133.14	107.64
89	133.14	107.64

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424L - Rate Group: 698
Inflation Shield Rider - Tax Qualified
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	8.40	8.40
30 - 39	19.20	15.60
40 - 49	44.40	38.40
50 - 59	118.80	100.80
60 - 64	162.00	140.40
65	160.80	138.00
66	160.80	135.60
67	160.80	134.40
68	159.60	134.40
69	157.20	132.00
70	154.80	132.00
71	152.40	128.40
72	151.20	128.40
73	148.80	126.00
74	146.40	124.80
75	145.20	121.20
76	141.60	121.20
77	140.40	118.80
78	140.40	118.80
79	139.20	118.80
80	139.20	117.60
81	139.20	115.20
82	139.20	115.20
83	139.20	115.20
84	140.40	117.60
85	141.60	117.60
86	141.60	117.60
87	145.20	118.80
88	145.20	118.80
89	146.40	118.80

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424L - Rate Group: 698
Inflation Shield Rider - Tax Qualified
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	9.91	9.91
30 - 39	22.66	18.41
40 - 49	52.40	45.32
50 - 59	140.22	118.97
60 - 64	191.21	165.71
65	189.79	162.88
66	189.79	160.05
67	189.79	158.63
68	188.38	158.63
69	185.54	155.80
70	182.71	155.80
71	179.88	151.55
72	178.46	151.55
73	175.63	148.72
74	172.80	147.30
75	171.38	143.05
76	167.13	143.05
77	165.71	140.22
78	165.71	140.22
79	164.30	140.22
80	164.30	138.80
81	164.30	135.97
82	164.30	135.97
83	164.30	135.97
84	165.71	138.80
85	167.13	138.80
86	167.13	138.80
87	171.38	140.22
88	171.38	140.22
89	172.80	140.22

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424M - Rate Group: 698
Inflation Shield Rider - Tax Qualified
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	10.80	8.40
30 - 39	21.60	19.20
40 - 49	49.20	42.00
50 - 59	132.00	117.60
60 - 64	183.60	158.40
65	181.20	154.80
66	180.00	154.80
67	180.00	154.80
68	178.80	153.60
69	175.20	152.40
70	172.80	148.80
71	171.60	147.60
72	170.40	145.20
73	166.80	144.00
74	165.60	141.60
75	164.40	139.20
76	162.00	139.20
77	159.60	135.60
78	159.60	134.40
79	159.60	134.40
80	159.60	134.40
81	158.40	134.40
82	158.40	133.20
83	159.60	134.40
84	160.80	134.40
85	162.00	134.40
86	162.00	135.60
87	165.60	138.00
88	166.80	138.00
89	168.00	139.20

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424M - Rate Group: 698
Inflation Shield Rider - Tax Qualified
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.74	9.91
30 - 39	25.49	22.66
40 - 49	58.07	49.57
50 - 59	155.80	138.80
60 - 64	216.70	186.96
65	213.87	182.71
66	212.45	182.71
67	212.45	182.71
68	211.04	181.29
69	206.79	179.88
70	203.96	175.63
71	202.54	174.21
72	201.12	171.38
73	196.87	169.96
74	195.46	167.13
75	194.04	164.30
76	191.21	164.30
77	188.38	160.05
78	188.38	158.63
79	188.38	158.63
80	188.38	158.63
81	186.96	158.63
82	186.96	157.22
83	188.38	158.63
84	189.79	158.63
85	191.21	158.63
86	191.21	160.05
87	195.46	162.88
88	196.87	162.88
89	198.29	164.30

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424N - Rate Group: 698
Inflation Shield Rider - Tax Qualified
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.00	10.80
30 - 39	24.00	20.40
40 - 49	55.20	48.00
50 - 59	144.00	124.80
60 - 64	195.60	175.20
65	195.60	172.80
66	195.60	172.80
67	198.00	171.60
68	194.40	170.40
69	193.20	165.60
70	190.80	164.40
71	187.20	162.00
72	186.00	159.60
73	183.60	158.40
74	180.00	154.80
75	178.80	153.60
76	175.20	151.20
77	174.00	148.80
78	174.00	148.80
79	174.00	148.80
80	174.00	147.60
81	174.00	147.60
82	174.00	146.40
83	175.20	147.60
84	178.80	148.80
85	180.00	151.20
86	183.60	152.40
87	186.00	153.60
88	187.20	154.80
89	190.80	157.20

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424N - Rate Group: 698
Inflation Shield Rider - Tax Qualified
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	14.16	12.74
30 - 39	28.32	24.07
40 - 49	65.15	56.65
50 - 59	169.96	147.30
60 - 64	230.87	206.79
65	230.87	203.96
66	230.87	203.96
67	233.70	202.54
68	229.45	201.12
69	228.03	195.46
70	225.20	194.04
71	220.95	191.21
72	219.54	188.38
73	216.70	186.96
74	212.45	182.71
75	211.04	181.29
76	206.79	178.46
77	205.37	175.63
78	205.37	175.63
79	205.37	175.63
80	205.37	174.21
81	205.37	174.21
82	205.37	172.80
83	206.79	174.21
84	211.04	175.63
85	212.45	178.46
86	216.70	179.88
87	219.54	181.29
88	220.95	182.71
89	225.20	185.54

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424O - Rate Group: 698
Inflation Shield Rider - Tax Qualified
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	13.20	12.00
30 - 39	27.60	24.00
40 - 49	61.20	54.00
50 - 59	162.00	140.40
60 - 64	224.40	192.00
65	219.60	190.80
66	218.40	190.80
67	217.20	188.40
68	214.80	186.00
69	212.40	183.60
70	211.20	181.20
71	206.40	180.00
72	205.20	175.20
73	204.00	174.00
74	200.40	172.80
75	198.00	170.40
76	195.60	166.80
77	193.20	165.60
78	193.20	164.40
79	193.20	162.00
80	193.20	162.00
81	192.00	162.00
82	192.00	160.80
83	193.20	162.00
84	195.60	162.00
85	198.00	164.40
86	200.40	165.60
87	204.00	166.80
88	205.20	168.00
89	206.40	170.40

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424O - Rate Group: 698
Inflation Shield Rider - Tax Qualified
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	15.58	14.16
30 - 39	32.57	28.32
40 - 49	72.23	63.73
50 - 59	191.21	165.71
60 - 64	264.86	226.62
65	259.20	225.20
66	257.78	225.20
67	256.36	222.37
68	253.53	219.54
69	250.70	216.70
70	249.28	213.87
71	243.62	212.45
72	242.20	206.79
73	240.78	205.37
74	236.53	203.96
75	233.70	201.12
76	230.87	196.87
77	228.03	195.46
78	228.03	194.04
79	228.03	191.21
80	228.03	191.21
81	226.62	191.21
82	226.62	189.79
83	228.03	191.21
84	230.87	191.21
85	233.70	194.04
86	236.53	195.46
87	240.78	196.87
88	242.20	198.29
89	243.62	201.12

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424P - Rate Group: 698
Inflation Shield Rider
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	8.40	7.20
30 - 39	15.60	14.40
40 - 49	39.60	32.40
50 - 59	104.40	87.60
60 - 64	141.60	121.20
65	141.60	120.00
66	141.60	120.00
67	141.60	120.00
68	139.20	118.80
69	138.00	115.20
70	134.40	114.00
71	133.20	112.80
72	132.00	111.60
73	130.80	110.40
74	128.40	108.00
75	126.00	105.60
76	124.80	104.40
77	121.20	102.00
78	121.20	102.00
79	121.20	100.80
80	121.20	100.80
81	120.00	99.60
82	120.00	99.60
83	121.20	99.60
84	121.20	99.60
85	121.20	99.60
86	121.20	100.80
87	122.40	100.80
88	124.80	100.80
89	124.80	100.80

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424P - Rate Group: 698
Inflation Shield Rider
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	9.91	8.49
30 - 39	18.41	16.99
40 - 49	46.74	38.24
50 - 59	123.22	103.39
60 - 64	167.13	143.05
65	167.13	141.63
66	167.13	141.63
67	167.13	141.63
68	164.30	140.22
69	162.88	135.97
70	158.63	134.55
71	157.22	133.14
72	155.80	131.72
73	154.38	130.30
74	151.55	127.47
75	148.72	124.64
76	147.30	123.22
77	143.05	120.39
78	143.05	120.39
79	143.05	118.97
80	143.05	118.97
81	141.63	117.56
82	141.63	117.56
83	143.05	117.56
84	143.05	117.56
85	143.05	117.56
86	143.05	118.97
87	144.47	118.97
88	147.30	118.97
89	147.30	118.97

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424Q - Rate Group: 698
Inflation Shield Rider
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	10.80	8.40
30 - 39	20.40	19.20
40 - 49	49.20	42.00
50 - 59	130.80	111.60
60 - 64	177.60	153.60
65	177.60	152.40
66	177.60	151.20
67	177.60	148.80
68	174.00	147.60
69	172.80	145.20
70	170.40	145.20
71	168.00	141.60
72	165.60	140.40
73	162.00	139.20
74	160.80	135.60
75	159.60	134.40
76	157.20	132.00
77	154.80	130.80
78	153.60	130.80
79	153.60	128.40
80	153.60	128.40
81	152.40	128.40
82	152.40	127.20
83	153.60	127.20
84	154.80	128.40
85	154.80	128.40
86	157.20	128.40
87	159.60	128.40
88	159.60	130.80
89	160.80	130.80

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424Q - Rate Group: 698
Inflation Shield Rider
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.74	9.91
30 - 39	24.07	22.66
40 - 49	58.07	49.57
50 - 59	154.38	131.72
60 - 64	209.62	181.29
65	209.62	179.88
66	209.62	178.46
67	209.62	175.63
68	205.37	174.21
69	203.96	171.38
70	201.12	171.38
71	198.29	167.13
72	195.46	165.71
73	191.21	164.30
74	189.79	160.05
75	188.38	158.63
76	185.54	155.80
77	182.71	154.38
78	181.29	154.38
79	181.29	151.55
80	181.29	151.55
81	179.88	151.55
82	179.88	150.13
83	181.29	150.13
84	182.71	151.55
85	182.71	151.55
86	185.54	151.55
87	188.38	151.55
88	188.38	154.38
89	189.79	154.38

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424R - Rate Group: 698
Inflation Shield Rider
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.00	10.80
30 - 39	24.00	20.40
40 - 49	55.20	46.80
50 - 59	145.20	128.40
60 - 64	200.40	172.80
65	200.40	172.80
66	199.20	171.60
67	198.00	171.60
68	195.60	170.40
69	193.20	165.60
70	190.80	164.40
71	188.40	162.00
72	186.00	159.60
73	183.60	158.40
74	181.20	154.80
75	180.00	153.60
76	178.80	152.40
77	175.20	148.80
78	175.20	148.80
79	175.20	148.80
80	174.00	147.60
81	172.80	147.60
82	172.80	146.40
83	175.20	147.60
84	175.20	148.80
85	178.80	148.80
86	180.00	148.80
87	181.20	151.20
88	183.60	152.40
89	184.80	152.40

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424R - Rate Group: 698
Inflation Shield Rider
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	14.16	12.74
30 - 39	28.32	24.07
40 - 49	65.15	55.23
50 - 59	171.38	151.55
60 - 64	236.53	203.96
65	236.53	203.96
66	235.12	202.54
67	233.70	202.54
68	230.87	201.12
69	228.03	195.46
70	225.20	194.04
71	222.37	191.21
72	219.54	188.38
73	216.70	186.96
74	213.87	182.71
75	212.45	181.29
76	211.04	179.88
77	206.79	175.63
78	206.79	175.63
79	206.79	175.63
80	205.37	174.21
81	203.96	174.21
82	203.96	172.80
83	206.79	174.21
84	206.79	175.63
85	211.04	175.63
86	212.45	175.63
87	213.87	178.46
88	216.70	179.88
89	218.12	179.88

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424S - Rate Group: 698
Inflation Shield Rider
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.00	12.00
30 - 39	26.40	21.60
40 - 49	60.00	52.80
50 - 59	158.40	139.20
60 - 64	217.20	193.20
65	217.20	190.80
66	217.20	188.40
67	217.20	187.20
68	213.60	186.00
69	211.20	183.60
70	208.80	180.00
71	206.40	178.80
72	204.00	175.20
73	200.40	172.80
74	199.20	171.60
75	195.60	168.00
76	193.20	165.60
77	192.00	164.40
78	192.00	162.00
79	192.00	162.00
80	192.00	162.00
81	192.00	162.00
82	192.00	160.80
83	193.20	162.00
84	195.60	164.40
85	199.20	165.60
86	200.40	166.80
87	204.00	170.40
88	206.40	170.40
89	208.80	172.80

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424S - Rate Group: 698
Inflation Shield Rider
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	14.16	14.16
30 - 39	31.16	25.49
40 - 49	70.81	62.32
50 - 59	186.96	164.30
60 - 64	256.36	228.03
65	256.36	225.20
66	256.36	222.37
67	256.36	220.95
68	252.11	219.54
69	249.28	216.70
70	246.45	212.45
71	243.62	211.04
72	240.78	206.79
73	236.53	203.96
74	235.12	202.54
75	230.87	198.29
76	228.03	195.46
77	226.62	194.04
78	226.62	191.21
79	226.62	191.21
80	226.62	191.21
81	226.62	191.21
82	226.62	189.79
83	228.03	191.21
84	230.87	194.04
85	235.12	195.46
86	236.53	196.87
87	240.78	201.12
88	243.62	201.12
89	246.45	203.96

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424T - Rate Group: 698
Inflation Shield Rider
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	14.40	12.00
30 - 39	28.80	26.40
40 - 49	67.20	60.00
50 - 59	180.00	154.80
60 - 64	244.80	211.20
65	241.20	208.80
66	241.20	207.60
67	238.80	206.40
68	237.60	205.20
69	234.00	201.60
70	231.60	200.40
71	228.00	195.60
72	225.60	194.40
73	224.40	192.00
74	220.80	188.40
75	218.40	186.00
76	214.80	183.60
77	213.60	181.20
78	213.60	180.00
79	212.40	180.00
80	211.20	178.80
81	211.20	177.60
82	211.20	177.60
83	213.60	178.80
84	214.80	180.00
85	218.40	180.00
86	220.80	183.60
87	224.40	183.60
88	225.60	184.80
89	228.00	186.00

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424T - Rate Group: 698
Inflation Shield Rider
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	16.99	14.16
30 - 39	33.99	31.16
40 - 49	79.31	70.81
50 - 59	212.45	182.71
60 - 64	288.94	249.28
65	284.69	246.45
66	284.69	245.03
67	281.86	243.62
68	280.44	242.20
69	276.19	237.95
70	273.36	236.53
71	269.11	230.87
72	266.28	229.45
73	264.86	226.62
74	260.61	222.37
75	257.78	219.54
76	253.53	216.70
77	252.11	213.87
78	252.11	212.45
79	250.70	212.45
80	249.28	211.04
81	249.28	209.62
82	249.28	209.62
83	252.11	211.04
84	253.53	212.45
85	257.78	212.45
86	260.61	216.70
87	264.86	216.70
88	266.28	218.12
89	269.11	219.54

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR467
Gross Premium Code: 467 - Rate Group: 698
Nonforfeiture Rider for LT698 Policy and Riders

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
For Non-Tax and Tax Qualified - Lifetime and Paid Up Pay Options

Rider Rates per $1 of Annual Premiums

Issue Age	Factor
18 - 29	0.130
30 - 39	0.180
40 - 49	0.220
50 - 59	0.240
60 - 64	0.240
65	0.210
66	0.210
67	0.210
68	0.210
69	0.210
70	0.180
71	0.180
72	0.180
73	0.180
74	0.180
75	0.140
76	0.140
77	0.140
78	0.140
79	0.140
80	0.090
81	0.090
82	0.090
83	0.090
84	0.090
85	0.070
86	0.070
87	0.070
88	0.070
89	0.070

RATE DESCRIPTION

Annual Premium Rates Per Individual
As a factor of policy and other rider premium

Rates certify to a 60% anticipated loss ratio.

MLRSR467(AR) 9/06

Proposed Rates

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR468
Gross Premium Code: 468 - Rate Group: 698
Full Continuation Rider for LT698 Policy and Riders

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
For Non-Tax and Tax Qualified - Lifetime and Paid Up Pay Options

Rider Rates per $1 of Annual Premiums

Issue Age	Factor
18 - 29	0.070
30 - 39	0.070
40 - 49	0.240
50 - 54	0.410
55 - 59	0.700
60 - 64	1.150

RATE DESCRIPTION

Annual Premium Rates Per Individual
As a factor of policy and other rider premium

Rates certify to a 60% anticipated loss ratio.

MLRSR468(AR) 9/06

Proposed Rates

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698A - Rate Group: 698
Long Term Care Policy - Tax Qualified
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	10.80	10.80
30 - 39	12.00	12.00
40 - 49	19.20	18.00
50 - 59	39.60	37.20
60 - 64	62.40	54.00
65	81.60	70.80
66	88.80	78.00
67	98.40	84.00
68	105.60	91.20
69	114.00	98.40
70	124.80	106.80
71	134.40	114.00
72	145.20	124.80
73	159.60	134.40
74	172.80	146.40
75	187.20	159.60
76	204.00	172.80
77	220.80	187.20
78	237.60	200.40
79	253.20	213.60
80	271.20	226.80
81	288.00	243.60
82	308.40	259.20
83	333.60	278.40
84	360.00	300.00
85	387.60	324.00
86	418.80	346.80
87	451.20	374.40
88	486.00	403.20
89	524.40	433.20

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698A - Rate Group: 698
Long Term Care Policy - Tax Qualified
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.74	12.74
30 - 39	14.16	14.16
40 - 49	22.66	21.24
50 - 59	46.74	43.90
60 - 64	73.65	63.73
65	96.31	83.56
66	104.81	92.06
67	116.14	99.14
68	124.64	107.64
69	134.55	116.14
70	147.30	126.05
71	158.63	134.55
72	171.38	147.30
73	188.38	158.63
74	203.96	172.80
75	220.95	188.38
76	240.78	203.96
77	260.61	220.95
78	280.44	236.53
79	298.85	252.11
80	320.10	267.69
81	339.93	287.52
82	364.01	305.94
83	393.75	328.60
84	424.91	354.09
85	457.49	382.42
86	494.32	409.33
87	532.56	441.91
88	573.64	475.90
89	618.96	511.31

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698B - Rate Group: 698
Long Term Care Policy - Tax Qualified
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	10.80	10.80
30 - 39	13.20	13.20
40 - 49	21.60	20.40
50 - 59	48.00	42.00
60 - 64	75.60	67.20
65	100.80	87.60
66	111.60	94.80
67	121.20	104.40
68	132.00	114.00
69	141.60	122.40
70	154.80	133.20
71	168.00	145.20
72	183.60	157.20
73	200.40	170.40
74	217.20	186.00
75	237.60	201.60
76	258.00	219.60
77	280.80	237.60
78	300.00	254.40
79	321.60	272.40
80	345.60	292.80
81	370.80	312.00
82	397.20	333.60
83	428.40	360.00
84	464.40	387.60
85	501.60	418.80
86	543.60	451.20
87	586.80	487.20
88	634.80	524.40
89	687.60	565.20

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698B - Rate Group: 698
Long Term Care Policy - Tax Qualified
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.74	12.74
30 - 39	15.58	15.58
40 - 49	25.49	24.07
50 - 59	56.65	49.57
60 - 64	89.23	79.31
65	118.97	103.39
66	131.72	111.89
67	143.05	123.22
68	155.80	134.55
69	167.13	144.47
70	182.71	157.22
71	198.29	171.38
72	216.70	185.54
73	236.53	201.12
74	256.36	219.54
75	280.44	237.95
76	304.52	259.20
77	331.43	280.44
78	354.09	300.27
79	379.59	321.52
80	407.92	345.60
81	437.66	368.26
82	468.82	393.75
83	505.65	424.91
84	548.14	457.49
85	592.05	494.32
86	641.62	532.56
87	692.61	575.05
88	749.27	618.96
89	811.59	667.12

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698C - Rate Group: 698
Long Term Care Policy - Tax Qualified
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.00	10.80
30 - 39	14.40	13.20
40 - 49	25.20	21.60
50 - 59	52.80	48.00
60 - 64	86.40	74.40
65	112.80	99.60
66	124.80	108.00
67	135.60	118.80
68	148.80	128.40
69	160.80	140.40
70	175.20	152.40
71	190.80	165.60
72	206.40	180.00
73	225.60	195.60
74	246.00	212.40
75	267.60	231.60
76	292.80	252.00
77	319.20	273.60
78	342.00	292.80
79	367.20	313.20
80	393.60	337.20
81	421.20	360.00
82	452.40	385.20
83	490.80	417.60
84	531.60	450.00
85	577.20	487.20
86	625.20	525.60
87	678.00	567.60
88	733.20	613.20
89	794.40	663.60

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698C - Rate Group: 698
Long Term Care Policy - Tax Qualified
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	14.16	12.74
30 - 39	16.99	15.58
40 - 49	29.74	25.49
50 - 59	62.32	56.65
60 - 64	101.98	87.81
65	133.14	117.56
66	147.30	127.47
67	160.05	140.22
68	175.63	151.55
69	189.79	165.71
70	206.79	179.88
71	225.20	195.46
72	243.62	212.45
73	266.28	230.87
74	290.36	250.70
75	315.85	273.36
76	345.60	297.44
77	376.76	322.93
78	403.67	345.60
79	433.41	369.67
80	464.57	398.00
81	497.15	424.91
82	533.98	454.66
83	579.30	492.90
84	627.46	531.14
85	681.28	575.05
86	737.94	620.38
87	800.26	669.95
88	865.41	723.77
89	937.65	783.26

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698D - Rate Group: 698
Long Term Care Policy - Tax Qualified
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.00	12.00
30 - 39	14.40	14.40
40 - 49	26.40	24.00
50 - 59	58.80	52.80
60 - 64	93.60	81.60
65	122.40	108.00
66	134.40	118.80
67	148.80	130.80
68	162.00	141.60
69	175.20	153.60
70	192.00	166.80
71	207.60	181.20
72	226.80	195.60
73	247.20	213.60
74	267.60	232.80
75	292.80	253.20
76	319.20	274.80
77	348.00	300.00
78	374.40	321.60
79	400.80	344.40
80	432.00	368.40
81	464.40	394.80
82	498.00	424.80
83	541.20	459.60
84	586.80	498.00
85	638.40	538.80
86	693.60	583.20
87	753.60	630.00
88	818.40	682.80
89	889.20	738.00

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698D - Rate Group: 698
Long Term Care Policy - Tax Qualified
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	14.16	14.16
30 - 39	16.99	16.99
40 - 49	31.16	28.32
50 - 59	69.40	62.32
60 - 64	110.47	96.31
65	144.47	127.47
66	158.63	140.22
67	175.63	154.38
68	191.21	167.13
69	206.79	181.29
70	226.62	196.87
71	245.03	213.87
72	267.69	230.87
73	291.77	252.11
74	315.85	274.78
75	345.60	298.85
76	376.76	324.35
77	410.75	354.09
78	441.91	379.59
79	473.07	406.50
80	509.90	434.83
81	548.14	465.99
82	587.80	501.40
83	638.79	542.47
84	692.61	587.80
85	753.52	635.96
86	818.67	688.36
87	889.49	743.60
88	965.98	805.92
89	1,049.54	871.08

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698E - Rate Group: 698
Long Term Care Policy - Tax Qualified
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.00	12.00
30 - 39	15.60	15.60
40 - 49	31.20	28.80
50 - 59	68.40	62.40
60 - 64	108.00	97.20
65	141.60	124.80
66	154.80	138.00
67	170.40	148.80
68	186.00	162.00
69	200.40	175.20
70	218.40	190.80
71	237.60	206.40
72	258.00	224.40
73	279.60	241.20
74	306.00	264.00
75	332.40	285.60
76	361.20	310.80
77	393.60	337.20
78	421.20	360.00
79	452.40	386.40
80	484.80	412.80
81	519.60	441.60
82	558.00	471.60
83	604.80	510.00
84	656.40	550.80
85	711.60	594.00
86	770.40	643.20
87	836.40	693.60
88	907.20	750.00
89	982.80	810.00

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698E - Rate Group: 698
Long Term Care Policy - Tax Qualified
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	14.16	14.16
30 - 39	18.41	18.41
40 - 49	36.82	33.99
50 - 59	80.73	73.65
60 - 64	127.47	114.72
65	167.13	147.30
66	182.71	162.88
67	201.12	175.63
68	219.54	191.21
69	236.53	206.79
70	257.78	225.20
71	280.44	243.62
72	304.52	264.86
73	330.02	284.69
74	361.18	311.60
75	392.34	337.10
76	426.33	366.84
77	464.57	398.00
78	497.15	424.91
79	533.98	456.07
80	572.22	487.24
81	613.29	521.23
82	658.62	556.64
83	713.86	601.96
84	774.76	650.12
85	839.92	701.11
86	909.32	759.18
87	987.22	818.67
88	1,070.79	885.24
89	1,160.02	956.06

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698F - Rate Group: 698
Long Term Care Policy
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.00	12.00
30 - 39	13.20	13.20
40 - 49	21.60	19.20
50 - 59	44.40	39.60
60 - 64	68.40	60.00
65	91.20	78.00
66	98.40	84.00
67	108.00	92.40
68	117.60	99.60
69	126.00	108.00
70	135.60	117.60
71	148.80	126.00
72	160.80	138.00
73	174.00	148.80
74	190.80	160.80
75	206.40	175.20
76	224.40	190.80
77	243.60	206.40
78	260.40	219.60
79	278.40	234.00
80	297.60	250.80
81	318.00	267.60
82	339.60	285.60
83	367.20	307.20
84	394.80	330.00
85	426.00	355.20
86	459.60	381.60
87	496.80	411.60
88	534.00	441.60
89	577.20	477.60

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698F - Rate Group: 698
Long Term Care Policy
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	14.16	14.16
30 - 39	15.58	15.58
40 - 49	25.49	22.66
50 - 59	52.40	46.74
60 - 64	80.73	70.81
65	107.64	92.06
66	116.14	99.14
67	127.47	109.06
68	138.80	117.56
69	148.72	127.47
70	160.05	138.80
71	175.63	148.72
72	189.79	162.88
73	205.37	175.63
74	225.20	189.79
75	243.62	206.79
76	264.86	225.20
77	287.52	243.62
78	307.35	259.20
79	328.60	276.19
80	351.26	296.02
81	375.34	315.85
82	400.84	337.10
83	433.41	362.59
84	465.99	389.50
85	502.82	419.25
86	542.47	450.41
87	586.38	485.82
88	630.29	521.23
89	681.28	563.72

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698G - Rate Group: 698
Long Term Care Policy
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.00	12.00
30 - 39	14.40	14.40
40 - 49	25.20	21.60
50 - 59	52.80	46.80
60 - 64	84.00	73.20
65	111.60	97.20
66	121.20	105.60
67	133.20	114.00
68	145.20	124.80
69	157.20	134.40
70	171.60	146.40
71	186.00	159.60
72	201.60	172.80
73	219.60	187.20
74	238.80	204.00
75	260.40	220.80
76	284.40	241.20
77	308.40	261.60
78	331.20	280.80
79	354.00	300.00
80	380.40	320.40
81	406.80	344.40
82	436.80	367.20
83	471.60	394.80
84	511.20	426.00
85	552.00	459.60
86	597.60	496.80
87	646.80	534.00
88	698.40	577.20
89	757.20	624.00

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698G - Rate Group: 698
Long Term Care Policy
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	14.16	14.16
30 - 39	16.99	16.99
40 - 49	29.74	25.49
50 - 59	62.32	55.23
60 - 64	99.14	86.40
65	131.72	114.72
66	143.05	124.64
67	157.22	134.55
68	171.38	147.30
69	185.54	158.63
70	202.54	172.80
71	219.54	188.38
72	237.95	203.96
73	259.20	220.95
74	281.86	240.78
75	307.35	260.61
76	335.68	284.69
77	364.01	308.77
78	390.92	331.43
79	417.83	354.09
80	448.99	378.17
81	480.15	406.50
82	515.56	433.41
83	556.64	465.99
84	603.38	502.82
85	651.54	542.47
86	705.36	586.38
87	763.43	630.29
88	824.34	681.28
89	893.74	736.52

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698H - Rate Group: 698
Long Term Care Policy
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.00	12.00
30 - 39	15.60	15.60
40 - 49	26.40	25.20
50 - 59	60.00	52.80
60 - 64	93.60	84.00
65	124.80	108.00
66	135.60	120.00
67	148.80	132.00
68	162.00	141.60
69	177.60	154.80
70	193.20	166.80
71	211.20	181.20
72	226.80	198.00
73	247.20	214.80
74	271.20	234.00
75	295.20	254.40
76	321.60	277.20
77	350.40	301.20
78	376.80	324.00
79	404.40	345.60
80	433.20	370.80
81	465.60	397.20
82	499.20	424.80
83	540.00	458.40
84	585.60	494.40
85	633.60	534.00
86	687.60	578.40
87	745.20	625.20
88	806.40	674.40
89	873.60	729.60

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698H - Rate Group: 698
Long Term Care Policy
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	14.16	14.16
30 - 39	18.41	18.41
40 - 49	31.16	29.74
50 - 59	70.81	62.32
60 - 64	110.47	99.14
65	147.30	127.47
66	160.05	141.63
67	175.63	155.80
68	191.21	167.13
69	209.62	182.71
70	228.03	196.87
71	249.28	213.87
72	267.69	233.70
73	291.77	253.53
74	320.10	276.19
75	348.43	300.27
76	379.59	327.18
77	413.58	355.51
78	444.74	382.42
79	477.32	407.92
80	511.31	437.66
81	549.56	468.82
82	589.22	501.40
83	637.37	541.06
84	691.20	583.55
85	747.85	630.29
86	811.59	682.70
87	879.58	737.94
88	951.81	796.01
89	1,031.13	861.16

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698I - Rate Group: 698
Long Term Care Policy
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.00	12.00
30 - 39	15.60	15.60
40 - 49	28.80	26.40
50 - 59	62.40	57.60
60 - 64	102.00	91.20
65	134.40	118.80
66	148.80	130.80
67	164.40	144.00
68	178.80	154.80
69	193.20	170.40
70	211.20	183.60
71	228.00	199.20
72	248.40	217.20
73	272.40	235.20
74	295.20	256.80
75	324.00	278.40
76	351.60	303.60
77	384.00	330.00
78	411.60	354.00
79	441.60	379.20
80	476.40	405.60
81	511.20	436.80
82	549.60	466.80
83	596.40	505.20
84	646.80	546.00
85	703.20	591.60
86	763.20	639.60
87	829.20	692.40
88	900.00	750.00
89	978.00	811.20

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698I - Rate Group: 698
Long Term Care Policy
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	14.16	14.16
30 - 39	18.41	18.41
40 - 49	33.99	31.16
50 - 59	73.65	67.98
60 - 64	120.39	107.64
65	158.63	140.22
66	175.63	154.38
67	194.04	169.96
68	211.04	182.71
69	228.03	201.12
70	249.28	216.70
71	269.11	235.12
72	293.19	256.36
73	321.52	277.61
74	348.43	303.10
75	382.42	328.60
76	415.00	358.34
77	453.24	389.50
78	485.82	417.83
79	521.23	447.58
80	562.30	478.74
81	603.38	515.56
82	648.70	550.97
83	703.94	596.30
84	763.43	644.46
85	830.00	698.28
86	900.82	754.93
87	978.72	817.26
88	1,062.29	885.24
89	1,154.36	957.48

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698J - Rate Group: 698
Long Term Care Policy
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	13.20	12.00
30 - 39	19.20	18.00
40 - 49	33.60	32.40
50 - 59	75.60	68.40
60 - 64	118.80	105.60
65	157.20	138.00
66	171.60	151.20
67	187.20	165.60
68	204.00	178.80
69	220.80	193.20
70	240.00	208.80
71	260.40	226.80
72	282.00	244.80
73	308.40	266.40
74	334.80	290.40
75	364.80	314.40
76	398.40	342.00
77	433.20	370.80
78	464.40	398.40
79	498.00	424.80
80	534.00	453.60
81	572.40	486.00
82	613.20	518.40
83	664.80	560.40
84	721.20	606.00
85	781.20	654.00
86	847.20	705.60
87	919.20	764.40
88	997.20	824.40
89	1,082.40	890.40

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698J - Rate Group: 698
Long Term Care Policy
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	15.58	14.16
30 - 39	22.66	21.24
40 - 49	39.65	38.24
50 - 59	89.23	80.73
60 - 64	140.22	124.64
65	185.54	162.88
66	202.54	178.46
67	220.95	195.46
68	240.78	211.04
69	260.61	228.03
70	283.27	246.45
71	307.35	267.69
72	332.85	288.94
73	364.01	314.43
74	395.17	342.76
75	430.58	371.09
76	470.24	403.67
77	511.31	437.66
78	548.14	470.24
79	587.80	501.40
80	630.29	535.39
81	675.62	573.64
82	723.77	611.88
83	784.68	661.45
84	851.25	715.28
85	922.07	771.93
86	999.97	832.84
87	1,084.95	902.24
88	1,177.02	973.06
89	1,277.58	1,050.96

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698K - Rate Group: 698
Long Term Care Policy - Tax Qualified
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	10.80	10.80
30 - 39	13.20	12.00
40 - 49	21.60	20.40
50 - 59	62.40	55.20
60 - 64	108.00	93.60
65	128.40	111.60
66	138.00	118.80
67	145.20	124.80
68	152.40	132.00
69	162.00	139.20
70	170.40	145.20
71	180.00	153.60
72	190.80	162.00
73	200.40	171.60
74	213.60	181.20
75	225.60	192.00
76	240.00	204.00
77	254.40	214.80
78	267.60	226.80
79	282.00	238.80
80	298.80	252.00
81	316.80	265.20
82	333.60	279.60
83	357.60	298.80
84	380.40	319.20
85	408.00	340.80
86	438.00	364.80
87	468.00	387.60
88	500.40	415.20
89	536.40	444.00

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698K - Rate Group: 698
Long Term Care Policy - Tax Qualified
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.74	12.74
30 - 39	15.58	14.16
40 - 49	25.49	24.07
50 - 59	73.65	65.15
60 - 64	127.47	110.47
65	151.55	131.72
66	162.88	140.22
67	171.38	147.30
68	179.88	155.80
69	191.21	164.30
70	201.12	171.38
71	212.45	181.29
72	225.20	191.21
73	236.53	202.54
74	252.11	213.87
75	266.28	226.62
76	283.27	240.78
77	300.27	253.53
78	315.85	267.69
79	332.85	281.86
80	352.68	297.44
81	373.92	313.02
82	393.75	330.02
83	422.08	352.68
84	448.99	376.76
85	481.57	402.25
86	516.98	430.58
87	552.39	457.49
88	590.63	490.07
89	633.12	524.06

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698L - Rate Group: 698
Long Term Care Policy - Tax Qualified
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	10.80	10.80
30 - 39	14.40	13.20
40 - 49	26.40	24.00
50 - 59	78.00	67.20
60 - 64	134.40	115.20
65	159.60	139.20
66	170.40	146.40
67	180.00	154.80
68	190.80	164.40
69	200.40	172.80
70	212.40	183.60
71	224.40	193.20
72	237.60	204.00
73	252.00	214.80
74	267.60	228.00
75	285.60	243.60
76	303.60	258.00
77	321.60	272.40
78	339.60	288.00
79	360.00	304.80
80	380.40	321.60
81	403.20	339.60
82	426.00	360.00
83	458.40	385.20
84	492.00	411.60
85	528.00	440.40
86	567.60	472.80
87	609.60	505.20
88	654.00	541.20
89	703.20	579.60

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698L - Rate Group: 698
Long Term Care Policy - Tax Qualified
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.74	12.74
30 - 39	16.99	15.58
40 - 49	31.16	28.32
50 - 59	92.06	79.31
60 - 64	158.63	135.97
65	188.38	164.30
66	201.12	172.80
67	212.45	182.71
68	225.20	194.04
69	236.53	203.96
70	250.70	216.70
71	264.86	228.03
72	280.44	240.78
73	297.44	253.53
74	315.85	269.11
75	337.10	287.52
76	358.34	304.52
77	379.59	321.52
78	400.84	339.93
79	424.91	359.76
80	448.99	379.59
81	475.90	400.84
82	502.82	424.91
83	541.06	454.66
84	580.72	485.82
85	623.21	519.81
86	669.95	558.06
87	719.52	596.30
88	771.93	638.79
89	830.00	684.11

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698M - Rate Group: 698
Long Term Care Policy - Tax Qualified
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.00	10.80
30 - 39	14.40	14.40
40 - 49	28.80	26.40
50 - 59	86.40	75.60
60 - 64	148.80	132.00
65	180.00	157.20
66	190.80	166.80
67	204.00	177.60
68	213.60	186.00
69	226.80	195.60
70	240.00	207.60
71	253.20	219.60
72	267.60	231.60
73	285.60	246.00
74	303.60	261.60
75	321.60	278.40
76	342.00	295.20
77	364.80	313.20
78	386.40	332.40
79	408.00	350.40
80	433.20	370.80
81	459.60	392.40
82	487.20	415.20
83	524.40	445.20
84	564.00	477.60
85	606.00	512.40
86	652.80	549.60
87	703.20	590.40
88	756.00	632.40
89	812.40	678.00

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698M - Rate Group: 698
Long Term Care Policy - Tax Qualified
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	14.16	12.74
30 - 39	16.99	16.99
40 - 49	33.99	31.16
50 - 59	101.98	89.23
60 - 64	175.63	155.80
65	212.45	185.54
66	225.20	196.87
67	240.78	209.62
68	252.11	219.54
69	267.69	230.87
70	283.27	245.03
71	298.85	259.20
72	315.85	273.36
73	337.10	290.36
74	358.34	308.77
75	379.59	328.60
76	403.67	348.43
77	430.58	369.67
78	456.07	392.34
79	481.57	413.58
80	511.31	437.66
81	542.47	463.16
82	575.05	490.07
83	618.96	525.48
84	665.70	563.72
85	715.28	604.80
86	770.51	648.70
87	830.00	696.86
88	892.32	746.44
89	958.90	800.26

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698N - Rate Group: 698
Long Term Care Policy - Tax Qualified
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.00	12.00
30 - 39	15.60	14.40
40 - 49	31.20	27.60
50 - 59	93.60	84.00
60 - 64	162.00	144.00
65	195.60	171.60
66	207.60	183.60
67	220.80	193.20
68	234.00	204.00
69	247.20	214.80
70	260.40	226.80
71	274.80	240.00
72	291.60	253.20
73	310.80	267.60
74	330.00	285.60
75	351.60	303.60
76	374.40	324.00
77	398.40	342.00
78	421.20	363.60
79	447.60	385.20
80	476.40	406.80
81	504.00	430.80
82	534.00	457.20
83	574.80	490.80
84	622.80	525.60
85	670.80	565.20
86	723.60	607.20
87	780.00	652.80
88	840.00	703.20
89	907.20	753.60

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698N - Rate Group: 698
Long Term Care Policy - Tax Qualified
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	14.16	14.16
30 - 39	18.41	16.99
40 - 49	36.82	32.57
50 - 59	110.47	99.14
60 - 64	191.21	169.96
65	230.87	202.54
66	245.03	216.70
67	260.61	228.03
68	276.19	240.78
69	291.77	253.53
70	307.35	267.69
71	324.35	283.27
72	344.18	298.85
73	366.84	315.85
74	389.50	337.10
75	415.00	358.34
76	441.91	382.42
77	470.24	403.67
78	497.15	429.16
79	528.31	454.66
80	562.30	480.15
81	594.88	508.48
82	630.29	539.64
83	678.45	579.30
84	735.10	620.38
85	791.76	667.12
86	854.08	716.69
87	920.65	770.51
88	991.47	830.00
89	1,070.79	889.49

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698O - Rate Group: 698
Long Term Care Policy - Tax Qualified
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.00	12.00
30 - 39	18.00	15.60
40 - 49	37.20	32.40
50 - 59	108.00	97.20
60 - 64	186.00	165.60
65	224.40	195.60
66	237.60	207.60
67	252.00	219.60
68	265.20	231.60
69	279.60	244.80
70	295.20	258.00
71	313.20	272.40
72	330.00	285.60
73	350.40	303.60
74	372.00	321.60
75	397.20	342.00
76	421.20	363.60
77	447.60	385.20
78	474.00	406.80
79	501.60	428.40
80	531.60	453.60
81	564.00	480.00
82	597.60	507.60
83	644.40	543.60
84	692.40	583.20
85	746.40	625.20
86	804.00	670.80
87	865.20	718.80
88	932.40	770.40
89	1,004.40	826.80

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698O - Rate Group: 698
Long Term Care Policy - Tax Qualified
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	14.16	14.16
30 - 39	21.24	18.41
40 - 49	43.90	38.24
50 - 59	127.47	114.72
60 - 64	219.54	195.46
65	264.86	230.87
66	280.44	245.03
67	297.44	259.20
68	313.02	273.36
69	330.02	288.94
70	348.43	304.52
71	369.67	321.52
72	389.50	337.10
73	413.58	358.34
74	439.08	379.59
75	468.82	403.67
76	497.15	429.16
77	528.31	454.66
78	559.47	480.15
79	592.05	505.65
80	627.46	535.39
81	665.70	566.55
82	705.36	599.13
83	760.60	641.62
84	817.26	688.36
85	880.99	737.94
86	948.98	791.76
87	1,021.22	848.42
88	1,100.54	909.32
89	1,185.52	975.89

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698P - Rate Group: 698
Long Term Care Policy
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.00	12.00
30 - 39	14.40	13.20
40 - 49	25.20	21.60
50 - 59	70.80	60.00
60 - 64	118.80	104.40
65	141.60	121.20
66	151.20	128.40
67	159.60	138.00
68	168.00	145.20
69	177.60	152.40
70	187.20	159.60
71	198.00	170.40
72	207.60	177.60
73	220.80	187.20
74	234.00	199.20
75	247.20	211.20
76	264.00	224.40
77	279.60	237.60
78	295.20	248.40
79	312.00	261.60
80	330.00	277.20
81	346.80	292.80
82	367.20	308.40
83	392.40	330.00
84	420.00	351.60
85	450.00	374.40
86	480.00	400.80
87	514.80	427.20
88	552.00	457.20
89	590.40	487.20

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698P - Rate Group: 698
Long Term Care Policy
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	14.16	14.16
30 - 39	16.99	15.58
40 - 49	29.74	25.49
50 - 59	83.56	70.81
60 - 64	140.22	123.22
65	167.13	143.05
66	178.46	151.55
67	188.38	162.88
68	198.29	171.38
69	209.62	179.88
70	220.95	188.38
71	233.70	201.12
72	245.03	209.62
73	260.61	220.95
74	276.19	235.12
75	291.77	249.28
76	311.60	264.86
77	330.02	280.44
78	348.43	293.19
79	368.26	308.77
80	389.50	327.18
81	409.33	345.60
82	433.41	364.01
83	463.16	389.50
84	495.73	415.00
85	531.14	441.91
86	566.55	473.07
87	607.63	504.23
88	651.54	539.64
89	696.86	575.05

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698Q - Rate Group: 698
Long Term Care Policy
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.00	12.00
30 - 39	15.60	14.40
40 - 49	28.80	26.40
50 - 59	85.20	73.20
60 - 64	147.60	127.20
65	175.20	152.40
66	186.00	162.00
67	198.00	171.60
68	208.80	180.00
69	220.80	190.80
70	234.00	200.40
71	247.20	212.40
72	260.40	224.40
73	277.20	237.60
74	294.00	252.00
75	313.20	266.40
76	332.40	282.00
77	354.00	300.00
78	374.40	318.00
79	394.80	334.80
80	418.80	354.00
81	444.00	374.40
82	470.40	394.80
83	504.00	423.60
84	541.20	452.40
85	580.80	484.80
86	624.00	519.60
87	670.80	556.80
88	718.80	596.40
89	772.80	637.20

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698Q - Rate Group: 698
Long Term Care Policy
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	14.16	14.16
30 - 39	18.41	16.99
40 - 49	33.99	31.16
50 - 59	100.56	86.40
60 - 64	174.21	150.13
65	206.79	179.88
66	219.54	191.21
67	233.70	202.54
68	246.45	212.45
69	260.61	225.20
70	276.19	236.53
71	291.77	250.70
72	307.35	264.86
73	327.18	280.44
74	347.01	297.44
75	369.67	314.43
76	392.34	332.85
77	417.83	354.09
78	441.91	375.34
79	465.99	395.17
80	494.32	417.83
81	524.06	441.91
82	555.22	465.99
83	594.88	499.98
84	638.79	533.98
85	685.53	572.22
86	736.52	613.29
87	791.76	657.20
88	848.42	703.94
89	912.15	752.10

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698R - Rate Group: 698
Long Term Care Policy
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.00	12.00
30 - 39	15.60	15.60
40 - 49	31.20	28.80
50 - 59	93.60	84.00
60 - 64	165.60	145.20
65	198.00	172.80
66	211.20	183.60
67	224.40	194.40
68	235.20	205.20
69	248.40	217.20
70	264.00	228.00
71	278.40	241.20
72	295.20	254.40
73	313.20	271.20
74	333.60	288.00
75	354.00	306.00
76	378.00	325.20
77	400.80	344.40
78	424.80	364.80
79	450.00	385.20
80	477.60	408.00
81	505.20	432.00
82	536.40	457.20
83	577.20	490.80
84	620.40	524.40
85	667.20	564.00
86	717.60	604.80
87	771.60	648.00
88	831.60	696.00
89	892.80	746.40

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698R - Rate Group: 698
Long Term Care Policy
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	14.16	14.16
30 - 39	18.41	18.41
40 - 49	36.82	33.99
50 - 59	110.47	99.14
60 - 64	195.46	171.38
65	233.70	203.96
66	249.28	216.70
67	264.86	229.45
68	277.61	242.20
69	293.19	256.36
70	311.60	269.11
71	328.60	284.69
72	348.43	300.27
73	369.67	320.10
74	393.75	339.93
75	417.83	361.18
76	446.16	383.84
77	473.07	406.50
78	501.40	430.58
79	531.14	454.66
80	563.72	481.57
81	596.30	509.90
82	633.12	539.64
83	681.28	579.30
84	732.27	618.96
85	787.51	665.70
86	847.00	713.86
87	910.74	764.85
88	981.56	821.50
89	1,053.79	880.99

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698S - Rate Group: 698
Long Term Care Policy
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.00	12.00
30 - 39	18.00	15.60
40 - 49	33.60	31.20
50 - 59	102.00	91.20
60 - 64	180.00	158.40
65	214.80	188.40
66	228.00	200.40
67	243.60	212.40
68	256.80	224.40
69	272.40	237.60
70	286.80	250.80
71	303.60	264.00
72	320.40	278.40
73	340.80	295.20
74	363.60	314.40
75	386.40	333.60
76	411.60	354.00
77	438.00	378.00
78	464.40	398.40
79	493.20	421.20
80	523.20	446.40
81	554.40	472.80
82	588.00	500.40
83	633.60	538.80
84	684.00	579.60
85	738.00	622.80
86	794.40	667.20
87	858.00	718.80
88	925.20	771.60
89	997.20	829.20

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698S - Rate Group: 698
Long Term Care Policy
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	14.16	14.16
30 - 39	21.24	18.41
40 - 49	39.65	36.82
50 - 59	120.39	107.64
60 - 64	212.45	186.96
65	253.53	222.37
66	269.11	236.53
67	287.52	250.70
68	303.10	264.86
69	321.52	280.44
70	338.51	296.02
71	358.34	311.60
72	378.17	328.60
73	402.25	348.43
74	429.16	371.09
75	456.07	393.75
76	485.82	417.83
77	516.98	446.16
78	548.14	470.24
79	582.13	497.15
80	617.54	526.89
81	654.37	558.06
82	694.03	590.63
83	747.85	635.96
84	807.34	684.11
85	871.08	735.10
86	937.65	787.51
87	1,012.72	848.42
88	1,092.04	910.74
89	1,177.02	978.72

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698T - Rate Group: 698
Long Term Care Policy
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	13.20	12.00
30 - 39	19.20	19.20
40 - 49	39.60	37.20
50 - 59	120.00	106.80
60 - 64	206.40	181.20
65	246.00	214.80
66	260.40	228.00
67	277.20	241.20
68	292.80	254.40
69	308.40	267.60
70	325.20	282.00
71	344.40	298.80
72	363.60	314.40
73	385.20	333.60
74	410.40	354.00
75	436.80	376.80
76	463.20	398.40
77	493.20	423.60
78	520.80	447.60
79	552.00	472.80
80	585.60	499.20
81	620.40	528.00
82	657.60	558.00
83	706.80	597.60
84	760.80	640.80
85	820.80	687.60
86	883.20	736.80
87	951.60	790.80
88	1,024.80	847.20
89	1,105.20	909.60

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698T - Rate Group: 698
Long Term Care Policy
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	15.58	14.16
30 - 39	22.66	22.66
40 - 49	46.74	43.90
50 - 59	141.63	126.05
60 - 64	243.62	213.87
65	290.36	253.53
66	307.35	269.11
67	327.18	284.69
68	345.60	300.27
69	364.01	315.85
70	383.84	332.85
71	406.50	352.68
72	429.16	371.09
73	454.66	393.75
74	484.40	417.83
75	515.56	444.74
76	546.72	470.24
77	582.13	499.98
78	614.71	528.31
79	651.54	558.06
80	691.20	589.22
81	732.27	623.21
82	776.18	658.62
83	834.25	705.36
84	897.99	756.35
85	968.81	811.59
86	1,042.46	869.66
87	1,123.20	933.40
88	1,209.60	999.97
89	1,304.50	1,073.62

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424AP - Rate Group: 698G
Inflation Shield Rider - Tax Qualified - Franchise Group
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	6.00	4.80
30 - 39	8.40	7.20
40 - 49	19.20	15.60
50 - 59	38.40	32.40
60 - 64	49.20	42.00
65	58.80	49.20
66	61.20	51.60
67	64.80	52.80
68	67.20	55.20
69	68.40	57.60
70	70.80	58.80
71	72.00	60.00
72	73.20	61.20
73	75.60	62.40
74	79.20	66.00
75	80.40	67.20
76	84.00	68.40
77	84.00	70.80
78	86.40	72.00
79	87.60	73.20
80	87.60	73.20
81	88.80	74.40
82	91.20	74.40
83	92.40	75.60
84	93.60	78.00
85	93.60	78.00
86	94.80	78.00
87	94.80	78.00
88	94.80	78.00
89	93.60	78.00

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424AP - Rate Group: 698G
Inflation Shield Rider - Tax Qualified - Franchise Group
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	7.08	5.66
30 - 39	9.91	8.49
40 - 49	22.66	18.41
50 - 59	45.32	38.24
60 - 64	58.07	49.57
65	69.40	58.07
66	72.23	60.90
67	76.48	62.32
68	79.31	65.15
69	80.73	67.98
70	83.56	69.40
71	84.98	70.81
72	86.40	72.23
73	89.23	73.65
74	93.48	77.90
75	94.89	79.31
76	99.14	80.73
77	99.14	83.56
78	101.98	84.98
79	103.39	86.40
80	103.39	86.40
81	104.81	87.81
82	107.64	87.81
83	109.06	89.23
84	110.47	92.06
85	110.47	92.06
86	111.89	92.06
87	111.89	92.06
88	111.89	92.06
89	110.47	92.06

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424BP - Rate Group: 698G
Inflation Shield Rider - Tax Qualified - Franchise Group
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	6.00	6.00
30 - 39	12.00	10.80
40 - 49	24.00	19.20
50 - 59	48.00	40.80
60 - 64	62.40	54.00
65	73.20	62.40
66	78.00	66.00
67	80.40	68.40
68	84.00	70.80
69	85.20	73.20
70	87.60	74.40
71	91.20	78.00
72	93.60	79.20
73	97.20	80.40
74	99.60	84.00
75	100.80	86.40
76	104.40	87.60
77	106.80	91.20
78	108.00	91.20
79	111.60	93.60
80	112.80	93.60
81	114.00	94.80
82	115.20	97.20
83	118.80	98.40
84	120.00	99.60
85	121.20	99.60
86	121.20	100.80
87	122.40	100.80
88	122.40	99.60
89	121.20	98.40

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424BP - Rate Group: 698G
Inflation Shield Rider - Tax Qualified - Franchise Group
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	7.08	7.08
30 - 39	14.16	12.74
40 - 49	28.32	22.66
50 - 59	56.65	48.15
60 - 64	73.65	63.73
65	86.40	73.65
66	92.06	77.90
67	94.89	80.73
68	99.14	83.56
69	100.56	86.40
70	103.39	87.81
71	107.64	92.06
72	110.47	93.48
73	114.72	94.89
74	117.56	99.14
75	118.97	101.98
76	123.22	103.39
77	126.05	107.64
78	127.47	107.64
79	131.72	110.47
80	133.14	110.47
81	134.55	111.89
82	135.97	114.72
83	140.22	116.14
84	141.63	117.56
85	143.05	117.56
86	143.05	118.97
87	144.47	118.97
88	144.47	117.56
89	143.05	116.14

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424CP - Rate Group: 698G
Inflation Shield Rider - Tax Qualified - Franchise Group
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	7.20	6.00
30 - 39	13.20	12.00
40 - 49	26.40	21.60
50 - 59	54.00	46.80
60 - 64	72.00	61.20
65	84.00	72.00
66	87.60	74.40
67	91.20	78.00
68	93.60	80.40
69	97.20	84.00
70	99.60	85.20
71	102.00	87.60
72	105.60	91.20
73	108.00	93.60
74	112.80	97.20
75	115.20	98.40
76	118.80	100.80
77	121.20	104.40
78	124.80	105.60
79	127.20	108.00
80	128.40	108.00
81	130.80	111.60
82	132.00	111.60
83	134.40	112.80
84	135.60	114.00
85	139.20	115.20
86	140.40	117.60
87	140.40	117.60
88	141.60	117.60
89	140.40	115.20

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424CP - Rate Group: 698G
Inflation Shield Rider - Tax Qualified - Franchise Group
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	8.49	7.08
30 - 39	15.58	14.16
40 - 49	31.16	25.49
50 - 59	63.73	55.23
60 - 64	84.98	72.23
65	99.14	84.98
66	103.39	87.81
67	107.64	92.06
68	110.47	94.89
69	114.72	99.14
70	117.56	100.56
71	120.39	103.39
72	124.64	107.64
73	127.47	110.47
74	133.14	114.72
75	135.97	116.14
76	140.22	118.97
77	143.05	123.22
78	147.30	124.64
79	150.13	127.47
80	151.55	127.47
81	154.38	131.72
82	155.80	131.72
83	158.63	133.14
84	160.05	134.55
85	164.30	135.97
86	165.71	138.80
87	165.71	138.80
88	167.13	138.80
89	165.71	135.97

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424DP - Rate Group: 698G
Inflation Shield Rider - Tax Qualified - Franchise Group
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	7.20	6.00
30 - 39	14.40	12.00
40 - 49	28.80	26.40
50 - 59	58.80	51.60
60 - 64	79.20	67.20
65	91.20	79.20
66	94.80	81.60
67	99.60	86.40
68	102.00	87.60
69	105.60	91.20
70	108.00	93.60
71	111.60	97.20
72	114.00	99.60
73	118.80	102.00
74	122.40	105.60
75	126.00	108.00
76	130.80	111.60
77	133.20	114.00
78	135.60	115.20
79	139.20	118.80
80	141.60	120.00
81	144.00	121.20
82	145.20	122.40
83	148.80	124.80
84	152.40	127.20
85	154.80	128.40
86	157.20	130.80
87	158.40	132.00
88	159.60	132.00
89	159.60	132.00

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424DP - Rate Group: 698G
Inflation Shield Rider - Tax Qualified - Franchise Group
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	8.49	7.08
30 - 39	16.99	14.16
40 - 49	33.99	31.16
50 - 59	69.40	60.90
60 - 64	93.48	79.31
65	107.64	93.48
66	111.89	96.31
67	117.56	101.98
68	120.39	103.39
69	124.64	107.64
70	127.47	110.47
71	131.72	114.72
72	134.55	117.56
73	140.22	120.39
74	144.47	124.64
75	148.72	127.47
76	154.38	131.72
77	157.22	134.55
78	160.05	135.97
79	164.30	140.22
80	167.13	141.63
81	169.96	143.05
82	171.38	144.47
83	175.63	147.30
84	179.88	150.13
85	182.71	151.55
86	185.54	154.38
87	186.96	155.80
88	188.38	155.80
89	188.38	155.80

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424EP - Rate Group: 698G
Inflation Shield Rider - Tax Qualified - Franchise Group
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	8.40	7.20
30 - 39	15.60	14.40
40 - 49	33.60	28.80
50 - 59	67.20	58.80
60 - 64	87.60	78.00
65	100.80	87.60
66	105.60	91.20
67	111.60	94.80
68	114.00	98.40
69	118.80	100.80
70	121.20	104.40
71	124.80	106.80
72	128.40	110.40
73	132.00	112.80
74	135.60	117.60
75	140.40	120.00
76	145.20	122.40
77	147.60	126.00
78	151.20	128.40
79	153.60	130.80
80	154.80	132.00
81	159.60	133.20
82	159.60	134.40
83	164.40	138.00
84	166.80	139.20
85	170.40	140.40
86	172.80	141.60
87	172.80	141.60
88	174.00	141.60
89	174.00	141.60

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424EP - Rate Group: 698G
Inflation Shield Rider - Tax Qualified - Franchise Group
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	9.91	8.49
30 - 39	18.41	16.99
40 - 49	39.65	33.99
50 - 59	79.31	69.40
60 - 64	103.39	92.06
65	118.97	103.39
66	124.64	107.64
67	131.72	111.89
68	134.55	116.14
69	140.22	118.97
70	143.05	123.22
71	147.30	126.05
72	151.55	130.30
73	155.80	133.14
74	160.05	138.80
75	165.71	141.63
76	171.38	144.47
77	174.21	148.72
78	178.46	151.55
79	181.29	154.38
80	182.71	155.80
81	188.38	157.22
82	188.38	158.63
83	194.04	162.88
84	196.87	164.30
85	201.12	165.71
86	203.96	167.13
87	203.96	167.13
88	205.37	167.13
89	205.37	167.13

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424FP - Rate Group: 698G
Inflation Shield Rider - Franchise Group
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	6.00	4.80
30 - 39	10.80	8.40
40 - 49	20.40	18.00
50 - 59	42.00	37.20
60 - 64	55.20	46.80
65	64.80	54.00
66	67.20	57.60
67	70.80	60.00
68	73.20	60.00
69	74.40	62.40
70	78.00	64.80
71	79.20	66.00
72	80.40	67.20
73	84.00	70.80
74	86.40	72.00
75	87.60	73.20
76	91.20	75.60
77	93.60	78.00
78	93.60	79.20
79	97.20	80.40
80	98.40	80.40
81	98.40	81.60
82	99.60	84.00
83	100.80	84.00
84	102.00	84.00
85	104.40	85.20
86	104.40	85.20
87	104.40	85.20
88	104.40	85.20
89	104.40	84.00

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424FP - Rate Group: 698G
Inflation Shield Rider - Franchise Group
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	7.08	5.66
30 - 39	12.74	9.91
40 - 49	24.07	21.24
50 - 59	49.57	43.90
60 - 64	65.15	55.23
65	76.48	63.73
66	79.31	67.98
67	83.56	70.81
68	86.40	70.81
69	87.81	73.65
70	92.06	76.48
71	93.48	77.90
72	94.89	79.31
73	99.14	83.56
74	101.98	84.98
75	103.39	86.40
76	107.64	89.23
77	110.47	92.06
78	110.47	93.48
79	114.72	94.89
80	116.14	94.89
81	116.14	96.31
82	117.56	99.14
83	118.97	99.14
84	120.39	99.14
85	123.22	100.56
86	123.22	100.56
87	123.22	100.56
88	123.22	100.56
89	123.22	99.14

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424GP - Rate Group: 698G
Inflation Shield Rider - Franchise Group
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	6.00	6.00
30 - 39	12.00	10.80
40 - 49	26.40	21.60
50 - 59	52.80	45.60
60 - 64	70.80	60.00
65	80.40	68.40
66	84.00	72.00
67	87.60	74.40
68	91.20	78.00
69	93.60	80.40
70	97.20	81.60
71	99.60	84.00
72	102.00	86.40
73	105.60	88.80
74	108.00	92.40
75	111.60	93.60
76	114.00	97.20
77	118.80	98.40
78	120.00	100.80
79	121.20	102.00
80	124.80	104.40
81	126.00	104.40
82	127.20	105.60
83	128.40	108.00
84	132.00	108.00
85	133.20	110.40
86	134.40	111.60
87	134.40	111.60
88	134.40	110.40
89	134.40	108.00

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424GP - Rate Group: 698G
Inflation Shield Rider - Franchise Group
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	7.08	7.08
30 - 39	14.16	12.74
40 - 49	31.16	25.49
50 - 59	62.32	53.82
60 - 64	83.56	70.81
65	94.89	80.73
66	99.14	84.98
67	103.39	87.81
68	107.64	92.06
69	110.47	94.89
70	114.72	96.31
71	117.56	99.14
72	120.39	101.98
73	124.64	104.81
74	127.47	109.06
75	131.72	110.47
76	134.55	114.72
77	140.22	116.14
78	141.63	118.97
79	143.05	120.39
80	147.30	123.22
81	148.72	123.22
82	150.13	124.64
83	151.55	127.47
84	155.80	127.47
85	157.22	130.30
86	158.63	131.72
87	158.63	131.72
88	158.63	130.30
89	158.63	127.47

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424HP - Rate Group: 698G
Inflation Shield Rider - Franchise Group
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	7.20	6.00
30 - 39	14.40	12.00
40 - 49	28.80	25.20
50 - 59	60.00	51.60
60 - 64	79.20	68.40
65	91.20	79.20
66	94.80	81.60
67	99.60	86.40
68	104.40	87.60
69	106.80	91.20
70	110.40	93.60
71	112.80	97.20
72	115.20	99.60
73	120.00	102.00
74	124.80	105.60
75	127.20	108.00
76	132.00	111.60
77	134.40	114.00
78	138.00	115.20
79	139.20	118.80
80	141.60	120.00
81	144.00	121.20
82	145.20	122.40
83	147.60	124.80
84	151.20	126.00
85	152.40	127.20
86	153.60	128.40
87	154.80	128.40
88	154.80	128.40
89	154.80	127.20

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424HP - Rate Group: 698G
Inflation Shield Rider - Franchise Group
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	8.49	7.08
30 - 39	16.99	14.16
40 - 49	33.99	29.74
50 - 59	70.81	60.90
60 - 64	93.48	80.73
65	107.64	93.48
66	111.89	96.31
67	117.56	101.98
68	123.22	103.39
69	126.05	107.64
70	130.30	110.47
71	133.14	114.72
72	135.97	117.56
73	141.63	120.39
74	147.30	124.64
75	150.13	127.47
76	155.80	131.72
77	158.63	134.55
78	162.88	135.97
79	164.30	140.22
80	167.13	141.63
81	169.96	143.05
82	171.38	144.47
83	174.21	147.30
84	178.46	148.72
85	179.88	150.13
86	181.29	151.55
87	182.71	151.55
88	182.71	151.55
89	182.71	150.13

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424IP - Rate Group: 698G
Inflation Shield Rider - Franchise Group
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	8.40	7.20
30 - 39	15.60	13.20
40 - 49	32.40	27.60
50 - 59	64.80	57.60
60 - 64	87.60	74.40
65	100.80	86.40
66	104.40	91.20
67	110.40	93.60
68	112.80	98.40
69	117.60	100.80
70	120.00	104.40
71	122.40	106.80
72	126.00	108.00
73	130.80	112.80
74	134.40	115.20
75	139.20	118.80
76	144.00	121.20
77	146.40	124.80
78	148.80	128.40
79	152.40	130.80
80	154.80	132.00
81	158.40	133.20
82	159.60	134.40
83	164.40	138.00
84	166.80	140.40
85	170.40	141.60
86	172.80	144.00
87	174.00	145.20
88	175.20	145.20
89	174.00	144.00

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424IP - Rate Group: 698G
Inflation Shield Rider - Franchise Group
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	9.91	8.49
30 - 39	18.41	15.58
40 - 49	38.24	32.57
50 - 59	76.48	67.98
60 - 64	103.39	87.81
65	118.97	101.98
66	123.22	107.64
67	130.30	110.47
68	133.14	116.14
69	138.80	118.97
70	141.63	123.22
71	144.47	126.05
72	148.72	127.47
73	154.38	133.14
74	158.63	135.97
75	164.30	140.22
76	169.96	143.05
77	172.80	147.30
78	175.63	151.55
79	179.88	154.38
80	182.71	155.80
81	186.96	157.22
82	188.38	158.63
83	194.04	162.88
84	196.87	165.71
85	201.12	167.13
86	203.96	169.96
87	205.37	171.38
88	206.79	171.38
89	205.37	169.96

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424JP - Rate Group: 698G
Inflation Shield Rider - Franchise Group
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	8.40	8.40
30 - 39	19.20	15.60
40 - 49	37.20	32.40
50 - 59	73.20	64.80
60 - 64	98.40	85.20
65	111.60	97.20
66	117.60	100.80
67	121.20	104.40
68	126.00	108.00
69	128.40	111.60
70	133.20	114.00
71	138.00	118.80
72	140.40	121.20
73	145.20	124.80
74	148.80	128.40
75	154.80	132.00
76	159.60	134.40
77	162.00	139.20
78	165.60	140.40
79	170.40	144.00
80	172.80	145.20
81	174.00	146.40
82	175.20	148.80
83	180.00	151.20
84	183.60	152.40
85	186.00	154.80
86	190.80	154.80
87	190.80	157.20
88	192.00	157.20
89	192.00	154.80

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424JP - Rate Group: 698G
Inflation Shield Rider - Franchise Group
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	9.91	9.91
30 - 39	22.66	18.41
40 - 49	43.90	38.24
50 - 59	86.40	76.48
60 - 64	116.14	100.56
65	131.72	114.72
66	138.80	118.97
67	143.05	123.22
68	148.72	127.47
69	151.55	131.72
70	157.22	134.55
71	162.88	140.22
72	165.71	143.05
73	171.38	147.30
74	175.63	151.55
75	182.71	155.80
76	188.38	158.63
77	191.21	164.30
78	195.46	165.71
79	201.12	169.96
80	203.96	171.38
81	205.37	172.80
82	206.79	175.63
83	212.45	178.46
84	216.70	179.88
85	219.54	182.71
86	225.20	182.71
87	225.20	185.54
88	226.62	185.54
89	226.62	182.71

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424KP - Rate Group: 698G
Inflation Shield Rider - Tax Qualified - Franchise Group
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	7.20	6.00
30 - 39	13.20	12.00
40 - 49	32.40	26.40
50 - 59	85.20	72.00
60 - 64	115.20	99.60
65	115.20	98.40
66	115.20	98.40
67	115.20	98.40
68	114.00	97.20
69	112.80	94.80
70	111.60	93.60
71	110.40	92.40
72	108.00	91.20
73	106.80	88.80
74	104.40	87.60
75	104.40	87.60
76	100.80	85.20
77	100.80	84.00
78	99.60	84.00
79	99.60	84.00
80	98.40	81.60
81	98.40	81.60
82	98.40	80.40
83	98.40	80.40
84	99.60	81.60
85	99.60	81.60
86	100.80	81.60
87	100.80	81.60
88	100.80	81.60
89	100.80	81.60

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424KP - Rate Group: 698G
Inflation Shield Rider - Tax Qualified - Franchise Group
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	8.49	7.08
30 - 39	15.58	14.16
40 - 49	38.24	31.16
50 - 59	100.56	84.98
60 - 64	135.97	117.56
65	135.97	116.14
66	135.97	116.14
67	135.97	116.14
68	134.55	114.72
69	133.14	111.89
70	131.72	110.47
71	130.30	109.06
72	127.47	107.64
73	126.05	104.81
74	123.22	103.39
75	123.22	103.39
76	118.97	100.56
77	118.97	99.14
78	117.56	99.14
79	117.56	99.14
80	116.14	96.31
81	116.14	96.31
82	116.14	94.89
83	116.14	94.89
84	117.56	96.31
85	117.56	96.31
86	118.97	96.31
87	118.97	96.31
88	118.97	96.31
89	118.97	96.31

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424LP - Rate Group: 698G
Inflation Shield Rider - Tax Qualified - Franchise Group
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	8.40	7.20
30 - 39	18.00	14.40
40 - 49	39.60	34.80
50 - 59	106.80	91.20
60 - 64	145.20	126.00
65	145.20	124.80
66	145.20	122.40
67	145.20	121.20
68	141.60	121.20
69	141.60	118.80
70	139.20	118.80
71	138.00	117.60
72	134.40	114.00
73	133.20	114.00
74	132.00	111.60
75	130.80	110.40
76	128.40	108.00
77	126.00	106.80
78	126.00	106.80
79	126.00	105.60
80	124.80	105.60
81	124.80	104.40
82	124.80	104.40
83	126.00	104.40
84	127.20	104.40
85	128.40	105.60
86	128.40	105.60
87	128.40	105.60
88	130.80	106.80
89	132.00	106.80

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424LP - Rate Group: 698G
Inflation Shield Rider - Tax Qualified - Franchise Group
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	9.91	8.49
30 - 39	21.24	16.99
40 - 49	46.74	41.07
50 - 59	126.05	107.64
60 - 64	171.38	148.72
65	171.38	147.30
66	171.38	144.47
67	171.38	143.05
68	167.13	143.05
69	167.13	140.22
70	164.30	140.22
71	162.88	138.80
72	158.63	134.55
73	157.22	134.55
74	155.80	131.72
75	154.38	130.30
76	151.55	127.47
77	148.72	126.05
78	148.72	126.05
79	148.72	124.64
80	147.30	124.64
81	147.30	123.22
82	147.30	123.22
83	148.72	123.22
84	150.13	123.22
85	151.55	124.64
86	151.55	124.64
87	151.55	124.64
88	154.38	126.05
89	155.80	126.05

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424MP - Rate Group: 698G
Inflation Shield Rider - Tax Qualified - Franchise Group
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	8.40	8.40
30 - 39	19.20	15.60
40 - 49	45.60	38.40
50 - 59	118.80	105.60
60 - 64	165.60	141.60
65	162.00	140.40
66	162.00	140.40
67	162.00	139.20
68	159.60	139.20
69	158.40	135.60
70	154.80	134.40
71	153.60	133.20
72	152.40	132.00
73	151.20	128.40
74	148.80	128.40
75	147.60	126.00
76	145.20	124.80
77	145.20	121.20
78	144.00	121.20
79	144.00	121.20
80	141.60	121.20
81	141.60	121.20
82	141.60	120.00
83	144.00	121.20
84	145.20	121.20
85	145.20	121.20
86	147.60	122.40
87	148.80	122.40
88	148.80	124.80
89	152.40	124.80

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424MP - Rate Group: 698G
Inflation Shield Rider - Tax Qualified - Franchise Group
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	9.91	9.91
30 - 39	22.66	18.41
40 - 49	53.82	45.32
50 - 59	140.22	124.64
60 - 64	195.46	167.13
65	191.21	165.71
66	191.21	165.71
67	191.21	164.30
68	188.38	164.30
69	186.96	160.05
70	182.71	158.63
71	181.29	157.22
72	179.88	155.80
73	178.46	151.55
74	175.63	151.55
75	174.21	148.72
76	171.38	147.30
77	171.38	143.05
78	169.96	143.05
79	169.96	143.05
80	167.13	143.05
81	167.13	143.05
82	167.13	141.63
83	169.96	143.05
84	171.38	143.05
85	171.38	143.05
86	174.21	144.47
87	175.63	144.47
88	175.63	147.30
89	179.88	147.30

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424NP - Rate Group: 698G
Inflation Shield Rider - Tax Qualified - Franchise Group
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	10.80	8.40
30 - 39	20.40	19.20
40 - 49	49.20	42.00
50 - 59	128.40	112.80
60 - 64	177.60	157.20
65	177.60	154.80
66	177.60	154.80
67	177.60	153.60
68	175.20	152.40
69	172.80	148.80
70	171.60	147.60
71	170.40	145.20
72	166.80	144.00
73	165.60	141.60
74	162.00	139.20
75	160.80	139.20
76	159.60	135.60
77	157.20	134.40
78	157.20	133.20
79	157.20	133.20
80	157.20	133.20
81	157.20	132.00
82	157.20	132.00
83	159.60	133.20
84	160.80	134.40
85	162.00	134.40
86	165.60	138.00
87	166.80	139.20
88	170.40	139.20
89	171.60	140.40

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424NP - Rate Group: 698G
Inflation Shield Rider - Tax Qualified - Franchise Group
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.74	9.91
30 - 39	24.07	22.66
40 - 49	58.07	49.57
50 - 59	151.55	133.14
60 - 64	209.62	185.54
65	209.62	182.71
66	209.62	182.71
67	209.62	181.29
68	206.79	179.88
69	203.96	175.63
70	202.54	174.21
71	201.12	171.38
72	196.87	169.96
73	195.46	167.13
74	191.21	164.30
75	189.79	164.30
76	188.38	160.05
77	185.54	158.63
78	185.54	157.22
79	185.54	157.22
80	185.54	157.22
81	185.54	155.80
82	185.54	155.80
83	188.38	157.22
84	189.79	158.63
85	191.21	158.63
86	195.46	162.88
87	196.87	164.30
88	201.12	164.30
89	202.54	165.71

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424OP - Rate Group: 698G
Inflation Shield Rider - Tax Qualified - Franchise Group
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.00	10.80
30 - 39	25.20	21.60
40 - 49	55.20	49.20
50 - 59	146.40	126.00
60 - 64	200.40	172.80
65	198.00	171.60
66	195.60	170.40
67	195.60	170.40
68	193.20	166.80
69	190.80	165.60
70	188.40	162.00
71	186.00	160.80
72	184.80	159.60
73	183.60	157.20
74	180.00	154.80
75	178.80	152.40
76	175.20	151.20
77	174.00	148.80
78	174.00	147.60
79	172.80	146.40
80	172.80	146.40
81	172.80	145.20
82	172.80	145.20
83	174.00	145.20
84	175.20	146.40
85	178.80	147.60
86	180.00	148.80
87	183.60	151.20
88	184.80	152.40
89	186.00	152.40

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424OP - Rate Group: 698G
Inflation Shield Rider - Tax Qualified - Franchise Group
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	14.16	12.74
30 - 39	29.74	25.49
40 - 49	65.15	58.07
50 - 59	172.80	148.72
60 - 64	236.53	203.96
65	233.70	202.54
66	230.87	201.12
67	230.87	201.12
68	228.03	196.87
69	225.20	195.46
70	222.37	191.21
71	219.54	189.79
72	218.12	188.38
73	216.70	185.54
74	212.45	182.71
75	211.04	179.88
76	206.79	178.46
77	205.37	175.63
78	205.37	174.21
79	203.96	172.80
80	203.96	172.80
81	203.96	171.38
82	203.96	171.38
83	205.37	171.38
84	206.79	172.80
85	211.04	174.21
86	212.45	175.63
87	216.70	178.46
88	218.12	179.88
89	219.54	179.88

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424PP - Rate Group: 698G
Inflation Shield Rider - Franchise Group
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	7.20	6.00
30 - 39	14.40	13.20
40 - 49	34.80	28.80
50 - 59	93.60	79.20
60 - 64	127.20	108.00
65	127.20	108.00
66	127.20	108.00
67	127.20	108.00
68	124.80	105.60
69	124.80	104.40
70	121.20	102.00
71	120.00	100.80
72	118.80	100.80
73	117.60	98.40
74	114.00	98.40
75	114.00	94.80
76	111.60	93.60
77	110.40	92.40
78	110.40	92.40
79	110.40	91.20
80	108.00	91.20
81	108.00	91.20
82	108.00	88.80
83	108.00	88.80
84	108.00	88.80
85	110.40	91.20
86	111.60	91.20
87	111.60	91.20
88	111.60	91.20
89	111.60	91.20

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424PP - Rate Group: 698G
Inflation Shield Rider - Franchise Group
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	8.49	7.08
30 - 39	16.99	15.58
40 - 49	41.07	33.99
50 - 59	110.47	93.48
60 - 64	150.13	127.47
65	150.13	127.47
66	150.13	127.47
67	150.13	127.47
68	147.30	124.64
69	147.30	123.22
70	143.05	120.39
71	141.63	118.97
72	140.22	118.97
73	138.80	116.14
74	134.55	116.14
75	134.55	111.89
76	131.72	110.47
77	130.30	109.06
78	130.30	109.06
79	130.30	107.64
80	127.47	107.64
81	127.47	107.64
82	127.47	104.81
83	127.47	104.81
84	127.47	104.81
85	130.30	107.64
86	131.72	107.64
87	131.72	107.64
88	131.72	107.64
89	131.72	107.64

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424QP - Rate Group: 698G
Inflation Shield Rider - Franchise Group
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	8.40	8.40
30 - 39	19.20	15.60
40 - 49	44.40	38.40
50 - 59	117.60	99.60
60 - 64	159.60	139.20
65	159.60	135.60
66	159.60	134.40
67	159.60	134.40
68	157.20	133.20
69	154.80	132.00
70	152.40	130.80
71	151.20	128.40
72	148.80	127.20
73	146.40	124.80
74	145.20	122.40
75	144.00	121.20
76	141.60	118.80
77	139.20	118.80
78	139.20	117.60
79	139.20	115.20
80	139.20	115.20
81	138.00	114.00
82	138.00	114.00
83	139.20	114.00
84	139.20	114.00
85	140.40	115.20
86	141.60	115.20
87	141.60	117.60
88	144.00	117.60
89	145.20	118.80

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424QP - Rate Group: 698G
Inflation Shield Rider - Franchise Group
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	9.91	9.91
30 - 39	22.66	18.41
40 - 49	52.40	45.32
50 - 59	138.80	117.56
60 - 64	188.38	164.30
65	188.38	160.05
66	188.38	158.63
67	188.38	158.63
68	185.54	157.22
69	182.71	155.80
70	179.88	154.38
71	178.46	151.55
72	175.63	150.13
73	172.80	147.30
74	171.38	144.47
75	169.96	143.05
76	167.13	140.22
77	164.30	140.22
78	164.30	138.80
79	164.30	135.97
80	164.30	135.97
81	162.88	134.55
82	162.88	134.55
83	164.30	134.55
84	164.30	134.55
85	165.71	135.97
86	167.13	135.97
87	167.13	138.80
88	169.96	138.80
89	171.38	140.22

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424RP - Rate Group: 698G
Inflation Shield Rider - Franchise Group
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	10.80	8.40
30 - 39	21.60	19.20
40 - 49	49.20	42.00
50 - 59	132.00	115.20
60 - 64	181.20	154.80
65	180.00	154.80
66	180.00	153.60
67	178.80	153.60
68	175.20	152.40
69	174.00	148.80
70	171.60	147.60
71	170.40	146.40
72	166.80	145.20
73	165.60	141.60
74	164.40	140.40
75	162.00	139.20
76	159.60	135.60
77	159.60	134.40
78	158.40	134.40
79	158.40	133.20
80	157.20	133.20
81	157.20	132.00
82	154.80	132.00
83	157.20	133.20
84	159.60	133.20
85	159.60	134.40
86	162.00	134.40
87	162.00	134.40
88	165.60	135.60
89	165.60	138.00

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424RP - Rate Group: 698G
Inflation Shield Rider - Franchise Group
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.74	9.91
30 - 39	25.49	22.66
40 - 49	58.07	49.57
50 - 59	155.80	135.97
60 - 64	213.87	182.71
65	212.45	182.71
66	212.45	181.29
67	211.04	181.29
68	206.79	179.88
69	205.37	175.63
70	202.54	174.21
71	201.12	172.80
72	196.87	171.38
73	195.46	167.13
74	194.04	165.71
75	191.21	164.30
76	188.38	160.05
77	188.38	158.63
78	186.96	158.63
79	186.96	157.22
80	185.54	157.22
81	185.54	155.80
82	182.71	155.80
83	185.54	157.22
84	188.38	157.22
85	188.38	158.63
86	191.21	158.63
87	191.21	158.63
88	195.46	160.05
89	195.46	162.88

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424SP - Rate Group: 698G
Inflation Shield Rider - Franchise Group
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.00	10.80
30 - 39	21.60	20.40
40 - 49	54.00	46.80
50 - 59	141.60	124.80
60 - 64	194.40	172.80
65	195.60	171.60
66	195.60	170.40
67	195.60	170.40
68	193.20	166.80
69	190.80	165.60
70	187.20	162.00
71	186.00	159.60
72	183.60	158.40
73	181.20	154.80
74	178.80	153.60
75	175.20	152.40
76	174.00	148.80
77	172.80	147.60
78	172.80	147.60
79	172.80	146.40
80	172.80	146.40
81	172.80	145.20
82	172.80	145.20
83	174.00	146.40
84	177.60	147.60
85	180.00	148.80
86	181.20	151.20
87	183.60	152.40
88	186.00	153.60
89	187.20	154.80

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424SP - Rate Group: 698G
Inflation Shield Rider - Franchise Group
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	14.16	12.74
30 - 39	25.49	24.07
40 - 49	63.73	55.23
50 - 59	167.13	147.30
60 - 64	229.45	203.96
65	230.87	202.54
66	230.87	201.12
67	230.87	201.12
68	228.03	196.87
69	225.20	195.46
70	220.95	191.21
71	219.54	188.38
72	216.70	186.96
73	213.87	182.71
74	211.04	181.29
75	206.79	179.88
76	205.37	175.63
77	203.96	174.21
78	203.96	174.21
79	203.96	172.80
80	203.96	172.80
81	203.96	171.38
82	203.96	171.38
83	205.37	172.80
84	209.62	174.21
85	212.45	175.63
86	213.87	178.46
87	216.70	179.88
88	219.54	181.29
89	220.95	182.71

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424TP - Rate Group: 698G
Inflation Shield Rider - Franchise Group
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	13.20	12.00
30 - 39	26.40	24.00
40 - 49	61.20	54.00
50 - 59	160.80	139.20
60 - 64	220.80	190.80
65	217.20	187.20
66	217.20	187.20
67	214.80	186.00
68	213.60	184.80
69	211.20	181.20
70	207.60	180.00
71	205.20	177.60
72	204.00	175.20
73	200.40	172.80
74	199.20	170.40
75	195.60	168.00
76	193.20	165.60
77	192.00	162.00
78	192.00	162.00
79	190.80	162.00
80	190.80	160.80
81	190.80	159.60
82	190.80	159.60
83	192.00	159.60
84	193.20	162.00
85	195.60	162.00
86	199.20	164.40
87	200.40	165.60
88	204.00	165.60
89	205.20	168.00

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
UR424
Gross Premium Code: 424TP - Rate Group: 698G
Inflation Shield Rider - Franchise Group
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	15.58	14.16
30 - 39	31.16	28.32
40 - 49	72.23	63.73
50 - 59	189.79	164.30
60 - 64	260.61	225.20
65	256.36	220.95
66	256.36	220.95
67	253.53	219.54
68	252.11	218.12
69	249.28	213.87
70	245.03	212.45
71	242.20	209.62
72	240.78	206.79
73	236.53	203.96
74	235.12	201.12
75	230.87	198.29
76	228.03	195.46
77	226.62	191.21
78	226.62	191.21
79	225.20	191.21
80	225.20	189.79
81	225.20	188.38
82	225.20	188.38
83	226.62	188.38
84	228.03	191.21
85	230.87	191.21
86	235.12	194.04
87	236.53	195.46
88	240.78	195.46
89	242.20	198.29

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

MLRSR424(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698AP - Rate Group: 698G
Long Term Care Policy - Tax Qualified - Franchise Group
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	8.40	8.40
30 - 39	12.00	12.00
40 - 49	18.00	15.60
50 - 59	37.20	32.40
60 - 64	57.60	48.00
65	73.20	62.40
66	80.40	68.40
67	87.60	75.60
68	94.80	81.60
69	104.40	87.60
70	111.60	94.80
71	121.20	104.40
72	132.00	111.60
73	141.60	121.20
74	154.80	132.00
75	168.00	144.00
76	183.60	154.80
77	199.20	168.00
78	212.40	180.00
79	226.80	192.00
80	243.60	205.20
81	260.40	218.40
82	278.40	234.00
83	300.00	252.00
84	324.00	271.20
85	348.00	291.60
86	376.80	313.20
87	405.60	337.20
88	438.00	361.20
89	471.60	390.00

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698AP - Rate Group: 698G
Long Term Care Policy - Tax Qualified - Franchise Group
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	9.91	9.91
30 - 39	14.16	14.16
40 - 49	21.24	18.41
50 - 59	43.90	38.24
60 - 64	67.98	56.65
65	86.40	73.65
66	94.89	80.73
67	103.39	89.23
68	111.89	96.31
69	123.22	103.39
70	131.72	111.89
71	143.05	123.22
72	155.80	131.72
73	167.13	143.05
74	182.71	155.80
75	198.29	169.96
76	216.70	182.71
77	235.12	198.29
78	250.70	212.45
79	267.69	226.62
80	287.52	242.20
81	307.35	257.78
82	328.60	276.19
83	354.09	297.44
84	382.42	320.10
85	410.75	344.18
86	444.74	369.67
87	478.74	398.00
88	516.98	426.33
89	556.64	460.32

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698BP - Rate Group: 698G
Long Term Care Policy - Tax Qualified - Franchise Group
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	8.40	8.40
30 - 39	12.00	12.00
40 - 49	20.40	19.20
50 - 59	44.40	39.60
60 - 64	68.40	60.00
65	91.20	79.20
66	99.60	86.40
67	108.00	93.60
68	118.80	102.00
69	128.40	111.60
70	139.20	120.00
71	152.40	130.80
72	165.60	141.60
73	180.00	153.60
74	195.60	166.80
75	213.60	181.20
76	231.60	195.60
77	253.20	213.60
78	271.20	230.40
79	290.40	244.80
80	310.80	261.60
81	333.60	280.80
82	357.60	300.00
83	386.40	324.00
84	418.80	350.40
85	452.40	376.80
86	488.40	405.60
87	528.00	438.00
88	572.40	472.80
89	619.20	510.00

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698BP - Rate Group: 698G
Long Term Care Policy - Tax Qualified - Franchise Group
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	9.91	9.91
30 - 39	14.16	14.16
40 - 49	24.07	22.66
50 - 59	52.40	46.74
60 - 64	80.73	70.81
65	107.64	93.48
66	117.56	101.98
67	127.47	110.47
68	140.22	120.39
69	151.55	131.72
70	164.30	141.63
71	179.88	154.38
72	195.46	167.13
73	212.45	181.29
74	230.87	196.87
75	252.11	213.87
76	273.36	230.87
77	298.85	252.11
78	320.10	271.94
79	342.76	288.94
80	366.84	308.77
81	393.75	331.43
82	422.08	354.09
83	456.07	382.42
84	494.32	413.58
85	533.98	444.74
86	576.47	478.74
87	623.21	516.98
88	675.62	558.06
89	730.86	601.96

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698CP - Rate Group: 698G
Long Term Care Policy - Tax Qualified - Franchise Group
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	8.40	8.40
30 - 39	12.00	12.00
40 - 49	21.60	20.40
50 - 59	48.00	42.00
60 - 64	78.00	67.20
65	100.80	88.80
66	111.60	98.40
67	122.40	108.00
68	133.20	117.60
69	145.20	126.00
70	158.40	138.00
71	171.60	148.80
72	186.00	162.00
73	204.00	175.20
74	220.80	192.00
75	241.20	207.60
76	264.00	226.80
77	286.80	246.00
78	307.20	264.00
79	330.00	282.00
80	354.00	303.60
81	380.40	324.00
82	408.00	346.80
83	441.60	374.40
84	478.80	405.60
85	519.60	438.00
86	561.60	472.80
87	610.80	511.20
88	660.00	552.00
89	716.40	596.40

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698CP - Rate Group: 698G
Long Term Care Policy - Tax Qualified - Franchise Group
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	9.91	9.91
30 - 39	14.16	14.16
40 - 49	25.49	24.07
50 - 59	56.65	49.57
60 - 64	92.06	79.31
65	118.97	104.81
66	131.72	116.14
67	144.47	127.47
68	157.22	138.80
69	171.38	148.72
70	186.96	162.88
71	202.54	175.63
72	219.54	191.21
73	240.78	206.79
74	260.61	226.62
75	284.69	245.03
76	311.60	267.69
77	338.51	290.36
78	362.59	311.60
79	389.50	332.85
80	417.83	358.34
81	448.99	382.42
82	481.57	409.33
83	521.23	441.91
84	565.14	478.74
85	613.29	516.98
86	662.87	558.06
87	720.94	603.38
88	779.01	651.54
89	845.58	703.94

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698DP - Rate Group: 698G
Long Term Care Policy - Tax Qualified - Franchise Group
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	10.80	10.80
30 - 39	13.20	12.00
40 - 49	24.00	21.60
50 - 59	52.80	46.80
60 - 64	84.00	73.20
65	111.60	98.40
66	121.20	106.80
67	134.40	117.60
68	145.20	127.20
69	159.60	139.20
70	172.80	148.80
71	187.20	162.00
72	204.00	177.60
73	222.00	193.20
74	241.20	208.80
75	265.20	226.80
76	288.00	247.20
77	313.20	268.80
78	337.20	288.00
79	361.20	310.80
80	387.60	332.40
81	417.60	355.20
82	447.60	380.40
83	487.20	412.80
84	528.00	446.40
85	574.80	483.60
86	624.00	524.40
87	678.00	566.40
88	736.80	613.20
89	799.20	664.80

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698DP - Rate Group: 698G
Long Term Care Policy - Tax Qualified - Franchise Group
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.74	12.74
30 - 39	15.58	14.16
40 - 49	28.32	25.49
50 - 59	62.32	55.23
60 - 64	99.14	86.40
65	131.72	116.14
66	143.05	126.05
67	158.63	138.80
68	171.38	150.13
69	188.38	164.30
70	203.96	175.63
71	220.95	191.21
72	240.78	209.62
73	262.03	228.03
74	284.69	246.45
75	313.02	267.69
76	339.93	291.77
77	369.67	317.27
78	398.00	339.93
79	426.33	366.84
80	457.49	392.34
81	492.90	419.25
82	528.31	448.99
83	575.05	487.24
84	623.21	526.89
85	678.45	570.80
86	736.52	618.96
87	800.26	668.53
88	869.66	723.77
89	943.31	784.68

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698EP - Rate Group: 698G
Long Term Care Policy - Tax Qualified - Franchise Group
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	10.80	10.80
30 - 39	15.60	14.40
40 - 49	27.60	26.40
50 - 59	62.40	57.60
60 - 64	98.40	86.40
65	128.40	112.80
66	140.40	122.40
67	153.60	134.40
68	166.80	145.20
69	180.00	158.40
70	195.60	171.60
71	213.60	186.00
72	231.60	200.40
73	252.00	218.40
74	274.80	237.60
75	298.80	258.00
76	325.20	279.60
77	354.00	304.80
78	380.40	325.20
79	406.80	346.80
80	436.80	370.80
81	468.00	398.40
82	501.60	424.80
83	544.80	459.60
84	590.40	494.40
85	639.60	534.00
86	693.60	578.40
87	752.40	624.00
88	816.00	674.40
89	884.40	729.60

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698EP - Rate Group: 698G
Long Term Care Policy - Tax Qualified - Franchise Group
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.74	12.74
30 - 39	18.41	16.99
40 - 49	32.57	31.16
50 - 59	73.65	67.98
60 - 64	116.14	101.98
65	151.55	133.14
66	165.71	144.47
67	181.29	158.63
68	196.87	171.38
69	212.45	186.96
70	230.87	202.54
71	252.11	219.54
72	273.36	236.53
73	297.44	257.78
74	324.35	280.44
75	352.68	304.52
76	383.84	330.02
77	417.83	359.76
78	448.99	383.84
79	480.15	409.33
80	515.56	437.66
81	552.39	470.24
82	592.05	501.40
83	643.04	542.47
84	696.86	583.55
85	754.93	630.29
86	818.67	682.70
87	888.08	736.52
88	963.14	796.01
89	1,043.88	861.16

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698FP - Rate Group: 698G
Long Term Care Policy - Franchise Group
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	10.80	10.80
30 - 39	12.00	12.00
40 - 49	19.20	18.00
50 - 59	39.60	34.80
60 - 64	61.20	52.80
65	80.40	70.80
66	87.60	75.60
67	97.20	84.00
68	104.40	91.20
69	114.00	98.40
70	122.40	105.60
71	133.20	114.00
72	145.20	122.40
73	157.20	133.20
74	170.40	145.20
75	186.00	158.40
76	200.40	171.60
77	218.40	186.00
78	234.00	198.00
79	250.80	211.20
80	267.60	225.60
81	285.60	241.20
82	306.00	258.00
83	330.00	277.20
84	355.20	297.60
85	384.00	319.20
86	414.00	344.40
87	446.40	370.80
88	481.20	398.40
89	519.60	428.40

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698FP - Rate Group: 698G
Long Term Care Policy - Franchise Group
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.74	12.74
30 - 39	14.16	14.16
40 - 49	22.66	21.24
50 - 59	46.74	41.07
60 - 64	72.23	62.32
65	94.89	83.56
66	103.39	89.23
67	114.72	99.14
68	123.22	107.64
69	134.55	116.14
70	144.47	124.64
71	157.22	134.55
72	171.38	144.47
73	185.54	157.22
74	201.12	171.38
75	219.54	186.96
76	236.53	202.54
77	257.78	219.54
78	276.19	233.70
79	296.02	249.28
80	315.85	266.28
81	337.10	284.69
82	361.18	304.52
83	389.50	327.18
84	419.25	351.26
85	453.24	376.76
86	488.65	406.50
87	526.89	437.66
88	567.97	470.24
89	613.29	505.65

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698GP - Rate Group: 698G
Long Term Care Policy - Franchise Group
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	10.80	10.80
30 - 39	13.20	12.00
40 - 49	21.60	20.40
50 - 59	48.00	42.00
60 - 64	75.60	66.00
65	99.60	86.40
66	110.40	93.60
67	120.00	104.40
68	130.80	112.80
69	141.60	121.20
70	153.60	132.00
71	166.80	144.00
72	181.20	154.80
73	198.00	170.40
74	214.80	183.60
75	234.00	200.40
76	254.40	217.20
77	278.40	235.20
78	298.80	252.00
79	319.20	268.80
80	342.00	288.00
81	367.20	308.40
82	392.40	330.00
83	424.80	357.60
84	459.60	385.20
85	498.00	414.00
86	538.80	446.40
87	580.80	481.20
88	630.00	519.60
89	680.40	560.40

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698GP - Rate Group: 698G
Long Term Care Policy - Franchise Group
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.74	12.74
30 - 39	15.58	14.16
40 - 49	25.49	24.07
50 - 59	56.65	49.57
60 - 64	89.23	77.90
65	117.56	101.98
66	130.30	110.47
67	141.63	123.22
68	154.38	133.14
69	167.13	143.05
70	181.29	155.80
71	196.87	169.96
72	213.87	182.71
73	233.70	201.12
74	253.53	216.70
75	276.19	236.53
76	300.27	256.36
77	328.60	277.61
78	352.68	297.44
79	376.76	317.27
80	403.67	339.93
81	433.41	364.01
82	463.16	389.50
83	501.40	422.08
84	542.47	454.66
85	587.80	488.65
86	635.96	526.89
87	685.53	567.97
88	743.60	613.29
89	803.09	661.45

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698HP - Rate Group: 698G
Long Term Care Policy - Franchise Group
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	10.80	10.80
30 - 39	14.40	13.20
40 - 49	24.00	21.60
50 - 59	52.80	48.00
60 - 64	85.20	74.40
65	111.60	98.40
66	122.40	108.00
67	134.40	118.80
68	146.40	128.40
69	159.60	139.20
70	172.80	151.20
71	188.40	164.40
72	205.20	177.60
73	224.40	193.20
74	244.80	211.20
75	265.20	228.00
76	290.40	248.40
77	316.80	271.20
78	338.40	290.40
79	364.80	310.80
80	390.00	333.60
81	418.80	357.60
82	450.00	381.60
83	487.20	412.80
84	526.80	446.40
85	571.20	481.20
86	619.20	520.80
87	670.80	561.60
88	726.00	607.20
89	787.20	656.40

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698HP - Rate Group: 698G
Long Term Care Policy - Franchise Group
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.74	12.74
30 - 39	16.99	15.58
40 - 49	28.32	25.49
50 - 59	62.32	56.65
60 - 64	100.56	87.81
65	131.72	116.14
66	144.47	127.47
67	158.63	140.22
68	172.80	151.55
69	188.38	164.30
70	203.96	178.46
71	222.37	194.04
72	242.20	209.62
73	264.86	228.03
74	288.94	249.28
75	313.02	269.11
76	342.76	293.19
77	373.92	320.10
78	399.42	342.76
79	430.58	366.84
80	460.32	393.75
81	494.32	422.08
82	531.14	450.41
83	575.05	487.24
84	621.79	526.89
85	674.20	567.97
86	730.86	614.71
87	791.76	662.87
88	856.91	716.69
89	929.15	774.76

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698IP - Rate Group: 698G
Long Term Care Policy - Franchise Group
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.00	10.80
30 - 39	14.40	14.40
40 - 49	26.40	24.00
50 - 59	57.60	51.60
60 - 64	92.40	80.40
65	121.20	108.00
66	134.40	118.80
67	147.60	128.40
68	159.60	140.40
69	174.00	152.40
70	190.80	165.60
71	206.40	180.00
72	224.40	194.40
73	244.80	212.40
74	266.40	231.60
75	290.40	252.00
76	316.80	272.40
77	345.60	297.60
78	370.80	319.20
79	398.40	340.80
80	427.20	366.00
81	459.60	391.20
82	493.20	420.00
83	536.40	453.60
84	583.20	492.00
85	632.40	531.60
86	686.40	574.80
87	745.20	624.00
88	810.00	674.40
89	879.60	730.80

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698IP - Rate Group: 698G
Long Term Care Policy - Franchise Group
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	14.16	12.74
30 - 39	16.99	16.99
40 - 49	31.16	28.32
50 - 59	67.98	60.90
60 - 64	109.06	94.89
65	143.05	127.47
66	158.63	140.22
67	174.21	151.55
68	188.38	165.71
69	205.37	179.88
70	225.20	195.46
71	243.62	212.45
72	264.86	229.45
73	288.94	250.70
74	314.43	273.36
75	342.76	297.44
76	373.92	321.52
77	407.92	351.26
78	437.66	376.76
79	470.24	402.25
80	504.23	432.00
81	542.47	461.74
82	582.13	495.73
83	633.12	535.39
84	688.36	580.72
85	746.44	627.46
86	810.17	678.45
87	879.58	736.52
88	956.06	796.01
89	1,038.21	862.58

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698JP - Rate Group: 698G
Long Term Care Policy - Franchise Group
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.00	12.00
30 - 39	15.60	15.60
40 - 49	31.20	28.80
50 - 59	68.40	61.20
60 - 64	108.00	94.80
65	140.40	124.80
66	153.60	134.40
67	170.40	148.80
68	183.60	160.80
69	199.20	174.00
70	217.20	188.40
71	234.00	204.00
72	254.40	220.80
73	277.20	240.00
74	303.60	260.40
75	330.00	282.00
76	357.60	307.20
77	390.00	333.60
78	418.80	357.60
79	447.60	381.60
80	480.00	408.00
81	513.60	436.80
82	552.00	466.80
83	598.80	504.00
84	648.00	544.80
85	704.40	588.00
86	764.40	634.80
87	829.20	686.40
88	897.60	742.80
89	973.20	800.40

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698JP - Rate Group: 698G
Long Term Care Policy - Franchise Group
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
Lifetime Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	14.16	14.16
30 - 39	18.41	18.41
40 - 49	36.82	33.99
50 - 59	80.73	72.23
60 - 64	127.47	111.89
65	165.71	147.30
66	181.29	158.63
67	201.12	175.63
68	216.70	189.79
69	235.12	205.37
70	256.36	222.37
71	276.19	240.78
72	300.27	260.61
73	327.18	283.27
74	358.34	307.35
75	389.50	332.85
76	422.08	362.59
77	460.32	393.75
78	494.32	422.08
79	528.31	450.41
80	566.55	481.57
81	606.21	515.56
82	651.54	550.97
83	706.78	594.88
84	764.85	643.04
85	831.42	694.03
86	902.24	749.27
87	978.72	810.17
88	1,059.46	876.74
89	1,148.69	944.73

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698KP - Rate Group: 698G
Long Term Care Policy - Tax Qualified - Franchise Group
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	8.40	8.40
30 - 39	12.00	12.00
40 - 49	20.40	19.20
50 - 59	57.60	49.20
60 - 64	98.40	84.00
65	115.20	100.80
66	122.40	105.60
67	130.80	111.60
68	138.00	118.80
69	145.20	124.80
70	153.60	132.00
71	162.00	139.20
72	170.40	145.20
73	180.00	153.60
74	192.00	162.00
75	204.00	172.80
76	214.80	183.60
77	228.00	193.20
78	241.20	204.00
79	254.40	214.80
80	267.60	226.80
81	284.40	238.80
82	300.00	252.00
83	320.40	268.80
84	344.40	288.00
85	367.20	307.20
86	393.60	327.60
87	421.20	350.40
88	451.20	374.40
89	483.60	398.40

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698KP - Rate Group: 698G
Long Term Care Policy - Tax Qualified - Franchise Group
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	9.91	9.91
30 - 39	14.16	14.16
40 - 49	24.07	22.66
50 - 59	67.98	58.07
60 - 64	116.14	99.14
65	135.97	118.97
66	144.47	124.64
67	154.38	131.72
68	162.88	140.22
69	171.38	147.30
70	181.29	155.80
71	191.21	164.30
72	201.12	171.38
73	212.45	181.29
74	226.62	191.21
75	240.78	203.96
76	253.53	216.70
77	269.11	228.03
78	284.69	240.78
79	300.27	253.53
80	315.85	267.69
81	335.68	281.86
82	354.09	297.44
83	378.17	317.27
84	406.50	339.93
85	433.41	362.59
86	464.57	386.67
87	497.15	413.58
88	532.56	441.91
89	570.80	470.24

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698LP - Rate Group: 698G
Long Term Care Policy - Tax Qualified - Franchise Group
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	8.40	8.40
30 - 39	12.00	12.00
40 - 49	24.00	21.60
50 - 59	70.80	60.00
60 - 64	121.20	104.40
65	145.20	124.80
66	152.40	132.00
67	162.00	140.40
68	171.60	147.60
69	181.20	154.80
70	190.80	164.40
71	201.60	172.80
72	213.60	183.60
73	226.80	193.20
74	241.20	206.40
75	256.80	218.40
76	272.40	231.60
77	288.00	246.00
78	306.00	259.20
79	324.00	274.80
80	342.00	290.40
81	363.60	306.00
82	385.20	324.00
83	411.60	346.80
84	441.60	370.80
85	476.40	397.20
86	511.20	426.00
87	549.60	454.80
88	590.40	487.20
89	632.40	520.80

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698LP - Rate Group: 698G
Long Term Care Policy - Tax Qualified - Franchise Group
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	9.91	9.91
30 - 39	14.16	14.16
40 - 49	28.32	25.49
50 - 59	83.56	70.81
60 - 64	143.05	123.22
65	171.38	147.30
66	179.88	155.80
67	191.21	165.71
68	202.54	174.21
69	213.87	182.71
70	225.20	194.04
71	237.95	203.96
72	252.11	216.70
73	267.69	228.03
74	284.69	243.62
75	303.10	257.78
76	321.52	273.36
77	339.93	290.36
78	361.18	305.94
79	382.42	324.35
80	403.67	342.76
81	429.16	361.18
82	454.66	382.42
83	485.82	409.33
84	521.23	437.66
85	562.30	468.82
86	603.38	502.82
87	648.70	536.81
88	696.86	575.05
89	746.44	614.71

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698MP - Rate Group: 698G
Long Term Care Policy - Tax Qualified - Franchise Group
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	10.80	8.40
30 - 39	13.20	12.00
40 - 49	26.40	24.00
50 - 59	78.00	68.40
60 - 64	134.40	118.80
65	162.00	141.60
66	172.80	148.80
67	183.60	159.60
68	193.20	168.00
69	204.00	177.60
70	217.20	187.20
71	228.00	198.00
72	241.20	208.80
73	256.80	220.80
74	272.40	235.20
75	290.40	250.80
76	308.40	265.20
77	327.60	282.00
78	346.80	298.80
79	367.20	316.80
80	391.20	333.60
81	414.00	352.80
82	439.20	373.20
83	471.60	400.80
84	507.60	428.40
85	546.00	460.80
86	586.80	493.20
87	631.20	531.60
88	679.20	570.00
89	730.80	610.80

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698MP - Rate Group: 698G
Long Term Care Policy - Tax Qualified - Franchise Group
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.74	9.91
30 - 39	15.58	14.16
40 - 49	31.16	28.32
50 - 59	92.06	80.73
60 - 64	158.63	140.22
65	191.21	167.13
66	203.96	175.63
67	216.70	188.38
68	228.03	198.29
69	240.78	209.62
70	256.36	220.95
71	269.11	233.70
72	284.69	246.45
73	303.10	260.61
74	321.52	277.61
75	342.76	296.02
76	364.01	313.02
77	386.67	332.85
78	409.33	352.68
79	433.41	373.92
80	461.74	393.75
81	488.65	416.42
82	518.40	440.49
83	556.64	473.07
84	599.13	505.65
85	644.46	543.89
86	692.61	582.13
87	745.02	627.46
88	801.68	672.78
89	862.58	720.94

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698NP - Rate Group: 698G
Long Term Care Policy - Tax Qualified - Franchise Group
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	10.80	10.80
30 - 39	14.40	13.20
40 - 49	27.60	25.20
50 - 59	84.00	74.40
60 - 64	146.40	128.40
65	175.20	154.80
66	186.00	164.40
67	199.20	174.00
68	211.20	183.60
69	222.00	193.20
70	234.00	205.20
71	247.20	217.20
72	261.60	226.80
73	278.40	241.20
74	297.60	258.00
75	316.80	273.60
76	337.20	290.40
77	358.80	308.40
78	380.40	326.40
79	403.20	345.60
80	427.20	366.00
81	452.40	387.60
82	480.00	410.40
83	518.40	440.40
84	559.20	472.80
85	603.60	507.60
86	651.60	547.20
87	703.20	586.80
88	757.20	631.20
89	816.00	678.00

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698NP - Rate Group: 698G
Long Term Care Policy - Tax Qualified - Franchise Group
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.74	12.74
30 - 39	16.99	15.58
40 - 49	32.57	29.74
50 - 59	99.14	87.81
60 - 64	172.80	151.55
65	206.79	182.71
66	219.54	194.04
67	235.12	205.37
68	249.28	216.70
69	262.03	228.03
70	276.19	242.20
71	291.77	256.36
72	308.77	267.69
73	328.60	284.69
74	351.26	304.52
75	373.92	322.93
76	398.00	342.76
77	423.50	364.01
78	448.99	385.25
79	475.90	407.92
80	504.23	432.00
81	533.98	457.49
82	566.55	484.40
83	611.88	519.81
84	660.04	558.06
85	712.44	599.13
86	769.10	645.87
87	830.00	692.61
88	893.74	745.02
89	963.14	800.26

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698OP - Rate Group: 698G
Long Term Care Policy - Tax Qualified - Franchise Group
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	10.80	10.80
30 - 39	15.60	15.60
40 - 49	32.40	28.80
50 - 59	98.40	87.60
60 - 64	168.00	148.80
65	200.40	175.20
66	213.60	186.00
67	226.80	198.00
68	238.80	208.80
69	252.00	220.80
70	266.40	231.60
71	280.80	244.80
72	295.20	258.00
73	316.80	273.60
74	334.80	290.40
75	357.60	307.20
76	379.20	326.40
77	403.20	346.80
78	427.20	366.00
79	452.40	386.40
80	478.80	408.00
81	507.60	432.00
82	537.60	457.20
83	579.60	488.40
84	624.00	524.40
85	672.00	561.60
86	723.60	603.60
87	778.80	646.80
88	838.80	693.60
89	903.60	744.00

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698OP - Rate Group: 698G
Long Term Care Policy - Tax Qualified - Franchise Group
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.74	12.74
30 - 39	18.41	18.41
40 - 49	38.24	33.99
50 - 59	116.14	103.39
60 - 64	198.29	175.63
65	236.53	206.79
66	252.11	219.54
67	267.69	233.70
68	281.86	246.45
69	297.44	260.61
70	314.43	273.36
71	331.43	288.94
72	348.43	304.52
73	373.92	322.93
74	395.17	342.76
75	422.08	362.59
76	447.58	385.25
77	475.90	409.33
78	504.23	432.00
79	533.98	456.07
80	565.14	481.57
81	599.13	509.90
82	634.54	539.64
83	684.11	576.47
84	736.52	618.96
85	793.18	662.87
86	854.08	712.44
87	919.24	763.43
88	990.06	818.67
89	1,066.54	878.16

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698PP - Rate Group: 698G
Long Term Care Policy - Franchise Group
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	10.80	10.80
30 - 39	12.00	12.00
40 - 49	21.60	20.40
50 - 59	62.40	54.00
60 - 64	108.00	93.60
65	128.40	111.60
66	134.40	117.60
67	144.00	122.40
68	152.40	130.80
69	159.60	138.00
70	168.00	145.20
71	177.60	152.40
72	187.20	159.60
73	199.20	170.40
74	211.20	180.00
75	224.40	190.80
76	237.60	200.40
77	252.00	213.60
78	265.20	224.40
79	279.60	237.60
80	295.20	248.40
81	313.20	264.00
82	330.00	278.40
83	352.80	295.20
84	378.00	316.80
85	405.60	337.20
86	433.20	360.00
87	463.20	385.20
88	496.80	411.60
89	531.60	439.20

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698PP - Rate Group: 698G
Long Term Care Policy - Franchise Group
Benefit Period 730 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.74	12.74
30 - 39	14.16	14.16
40 - 49	25.49	24.07
50 - 59	73.65	63.73
60 - 64	127.47	110.47
65	151.55	131.72
66	158.63	138.80
67	169.96	144.47
68	179.88	154.38
69	188.38	162.88
70	198.29	171.38
71	209.62	179.88
72	220.95	188.38
73	235.12	201.12
74	249.28	212.45
75	264.86	225.20
76	280.44	236.53
77	297.44	252.11
78	313.02	264.86
79	330.02	280.44
80	348.43	293.19
81	369.67	311.60
82	389.50	328.60
83	416.42	348.43
84	446.16	373.92
85	478.74	398.00
86	511.31	424.91
87	546.72	454.66
88	586.38	485.82
89	627.46	518.40

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698QP - Rate Group: 698G
Long Term Care Policy - Franchise Group
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	10.80	10.80
30 - 39	14.40	13.20
40 - 49	26.40	24.00
50 - 59	75.60	67.20
60 - 64	133.20	114.00
65	159.60	138.00
66	168.00	145.20
67	178.80	153.60
68	188.40	162.00
69	199.20	171.60
70	211.20	180.00
71	222.00	190.80
72	234.00	200.40
73	248.40	213.60
74	265.20	226.80
75	282.00	240.00
76	298.80	254.40
77	318.00	271.20
78	337.20	285.60
79	357.60	301.20
80	378.00	319.20
81	398.40	337.20
82	421.20	355.20
83	452.40	380.40
84	487.20	408.00
85	523.20	436.80
86	561.60	466.80
87	603.60	500.40
88	646.80	536.40
89	696.00	573.60

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698QP - Rate Group: 698G
Long Term Care Policy - Franchise Group
Benefit Period 1,095 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.74	12.74
30 - 39	16.99	15.58
40 - 49	31.16	28.32
50 - 59	89.23	79.31
60 - 64	157.22	134.55
65	188.38	162.88
66	198.29	171.38
67	211.04	181.29
68	222.37	191.21
69	235.12	202.54
70	249.28	212.45
71	262.03	225.20
72	276.19	236.53
73	293.19	252.11
74	313.02	267.69
75	332.85	283.27
76	352.68	300.27
77	375.34	320.10
78	398.00	337.10
79	422.08	355.51
80	446.16	376.76
81	470.24	398.00
82	497.15	419.25
83	533.98	448.99
84	575.05	481.57
85	617.54	515.56
86	662.87	550.97
87	712.44	590.63
88	763.43	633.12
89	821.50	677.03

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698RP - Rate Group: 698G
Long Term Care Policy - Franchise Group
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.00	10.80
30 - 39	14.40	14.40
40 - 49	27.60	26.40
50 - 59	85.20	75.60
60 - 64	148.80	130.80
65	178.80	154.80
66	188.40	165.60
67	200.40	175.20
68	212.40	184.80
69	224.40	194.40
70	237.60	206.40
71	252.00	217.20
72	265.20	230.40
73	282.00	244.80
74	300.00	259.20
75	319.20	274.80
76	339.60	292.80
77	360.00	310.80
78	381.60	327.60
79	405.60	346.80
80	428.40	367.20
81	454.80	387.60
82	483.60	411.60
83	518.40	440.40
84	559.20	472.80
85	600.00	507.60
86	645.60	544.80
87	696.00	583.20
88	747.60	626.40
89	805.20	672.00

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698RP - Rate Group: 698G
Long Term Care Policy - Franchise Group
Benefit Period 1,460 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	14.16	12.74
30 - 39	16.99	16.99
40 - 49	32.57	31.16
50 - 59	100.56	89.23
60 - 64	175.63	154.38
65	211.04	182.71
66	222.37	195.46
67	236.53	206.79
68	250.70	218.12
69	264.86	229.45
70	280.44	243.62
71	297.44	256.36
72	313.02	271.94
73	332.85	288.94
74	354.09	305.94
75	376.76	324.35
76	400.84	345.60
77	424.91	366.84
78	450.41	386.67
79	478.74	409.33
80	505.65	433.41
81	536.81	457.49
82	570.80	485.82
83	611.88	519.81
84	660.04	558.06
85	708.19	599.13
86	762.02	643.04
87	821.50	688.36
88	882.41	739.35
89	950.40	793.18

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698SP - Rate Group: 698G
Long Term Care Policy - Franchise Group
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.00	12.00
30 - 39	15.60	14.40
40 - 49	28.80	27.60
50 - 59	92.40	81.60
60 - 64	162.00	141.60
65	193.20	170.40
66	206.40	180.00
67	218.40	192.00
68	231.60	201.60
69	244.80	213.60
70	258.00	225.60
71	272.40	237.60
72	288.00	252.00
73	307.20	266.40
74	326.40	282.00
75	348.00	300.00
76	370.80	319.20
77	394.80	339.60
78	418.80	360.00
79	444.00	380.40
80	470.40	403.20
81	499.20	426.00
82	528.00	451.20
83	571.20	484.80
84	614.40	520.80
85	664.80	559.20
86	716.40	601.20
87	771.60	646.80
88	831.60	696.00
89	897.60	746.40

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698SP - Rate Group: 698G
Long Term Care Policy - Franchise Group
Benefit Period 1,825 Days
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	14.16	14.16
30 - 39	18.41	16.99
40 - 49	33.99	32.57
50 - 59	109.06	96.31
60 - 64	191.21	167.13
65	228.03	201.12
66	243.62	212.45
67	257.78	226.62
68	273.36	237.95
69	288.94	252.11
70	304.52	266.28
71	321.52	280.44
72	339.93	297.44
73	362.59	314.43
74	385.25	332.85
75	410.75	354.09
76	437.66	376.76
77	465.99	400.84
78	494.32	424.91
79	524.06	448.99
80	555.22	475.90
81	589.22	502.82
82	623.21	532.56
83	674.20	572.22
84	725.19	614.71
85	784.68	660.04
86	845.58	709.61
87	910.74	763.43
88	981.56	821.50
89	1,059.46	880.99

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Current Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698TP - Rate Group: 698G
Long Term Care Policy - Franchise Group
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	12.00	12.00
30 - 39	18.00	15.60
40 - 49	37.20	32.40
50 - 59	108.00	97.20
60 - 64	186.00	162.00
65	220.80	193.20
66	234.00	206.40
67	248.40	217.20
68	261.60	230.40
69	278.40	241.20
70	292.80	254.40
71	308.40	267.60
72	326.40	284.40
73	346.80	300.00
74	368.40	319.20
75	392.40	338.40
76	417.60	358.80
77	444.00	380.40
78	470.40	403.20
79	498.00	426.00
80	526.80	450.00
81	559.20	474.00
82	591.60	501.60
83	637.20	538.80
84	685.20	577.20
85	739.20	619.20
86	794.40	663.60
87	856.80	711.60
88	922.80	764.40
89	993.60	818.40

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Proposed Rates

MEDICO™ LIFE INSURANCE COMPANY
Omaha, Nebraska
ML-LT698
Gross Premium Code: 698TP - Rate Group: 698G
Long Term Care Policy - Franchise Group
Lifetime Benefit Period
ANNUAL PREMIUMS PER $10 DAILY BENEFIT

RATE SCHEDULE - Arkansas
For Forms Issued From 02/15/2001 Through 05/16/2002
10 Year or Age 70 Premium Payment Option

Issue Age	0Day EP Premium	90Day EP Premium
18 - 29	14.16	14.16
30 - 39	21.24	18.41
40 - 49	43.90	38.24
50 - 59	127.47	114.72
60 - 64	219.54	191.21
65	260.61	228.03
66	276.19	243.62
67	293.19	256.36
68	308.77	271.94
69	328.60	284.69
70	345.60	300.27
71	364.01	315.85
72	385.25	335.68
73	409.33	354.09
74	434.83	376.76
75	463.16	399.42
76	492.90	423.50
77	524.06	448.99
78	555.22	475.90
79	587.80	502.82
80	621.79	531.14
81	660.04	559.47
82	698.28	592.05
83	752.10	635.96
84	808.76	681.28
85	872.49	730.86
86	937.65	783.26
87	1,011.30	839.92
88	1,089.20	902.24
89	1,172.77	965.98

If both spouses are written Coverage at the same time,
multiply both spouse's premium by 0.85.

MODAL FACTORS
Semi-Annual = 0.52
Quarterly = 0.27
Monthly (Direct-Billed) = 1/11th
Monthly (Protect-O-Matic) = 1/12th

CLASS FACTORS
Preferred = 1.0000
Standard = 1.4286

Rates certify to a 60% anticipated loss ratio.

A $30.00 Policy Fee is added to the first premium.

MLRS698(AR) 9/06

Supporting Document Schedules

Review Status:

Satisfied -Name: Health - Actuarial Justification 07/11/2008

Comments:

Attachment:

AR Rate Increase 2008 memo.pdf

Review Status:

Satisfied -Name: Exhibits 07/11/2008

Comments:

Attachment:

AR Rate Increase 2008 Exhibits.pdf

Review Status:

Satisfied -Name: Experience 07/11/2008

Comments:

Attachment:

AR Past Exp by Form_NW.pdf

Medico™ Insurance Company (formerly Mutual Protective Ins Co)
Medico™ Life Insurance Company
Omaha, Nebraska
Actuarial Memorandum - Individual A&H Rate Filing
Arkansas Long Term Care Policy Forms and Riders
Arkansas

1. Purpose of Filing

The purpose of this filing is to demonstrate that the anticipated lifetime loss ratio of these forms meets the minimum state requirements in light of the included rate increase request. It is not intended for any other purpose.

2. Scope of Filing

This filing applies to the Arkansas Long Term Care Policy Forms and Riders as shown in 'Benefits' section. The forms were marketed by independent agents but are not available for sale anymore. This rate revision applies only to the in force business. In Arkansas there are 337 policies inforce with total gross annualized premium of $557,119 and average annualized premium of $1,653. Nationwide there are 50,511 policies inforce with total gross annualized premium of $97,745,214 and average annualized premium of $1,935. This data is based on the master-file extract as of December 31, 2007.

3. Benefits

These policies and corresponding riders cover Long Term Care expenses and have been grouped for rating purposes.

Policy Form 3358 and Rider Forms UR2038, UR2048, UR275, and UR589R: Developed in the latter part of 1987, Form 3358 provides benefits for Nursing Home Care and Adult Day Care. The policy also has a provision for Waiver of Premium. The policy pays a daily benefit subject to an elimination period of 0, 20, or 100 days and benefit period of up to 3 years per occurrence with a 4 year lifetime maximum (one year for ages 80 to 84). The policy pays $20 a day for maximum of 180 days of Adult Day Care. Three riders were optionally available. UR2048 provides inflation protection (Nursing Home Care Only). UR275 deletes the occurrence maximum and increases the lifetime maximum to 5, 10, or unlimited years. UR2038 and UR589R provide Home Health Care benefits.

Policy Form 4458: Developed in 1989, Form 4458 provides benefits for Nursing Home Care, Home Health Care, and Adult Day Care. The policy also has a provision for Waiver of Premium. Benefits are subject to an elimination period of 0, 20, or 90 days. The policy pays a daily benefit for Nursing Home Care subject to 1460 lifetime maximum days. The policy pays a Home Health Care Benefit up to 50% of the policy daily benefit for 730 lifetime maximum days. The policy pays an Adult Day Care benefit up to 33% of the policy daily benefit for up to 365 lifetime maximum days. The policy provides for both inflation of daily benefit and lifetime benefit days. Upon lapse of policy or death of the insured the policy pays a percentage of the premiums less any benefits paid to the insured. The percentage is based on the number of years the policy was in force. No riders were available on this form.

Policy Form LT691 and Rider Forms UR284 and UR591: Developed in 1991, Form LT691 provides benefits for Nursing Home Care. The policy also has a provision for Waiver of Premium. Benefits are subject to an elimination period of 0, 20, 90, or 180 days and benefit period of 2, 3, 5, 10, or unlimited years in days. The policy pays a daily benefit for Nursing Home Care. UR284 increases the Nursing Home daily benefit by 5% of the previous year's daily benefit. UR591 provides benefits for Home Health Care and Adult Day Care.

Policy Form LT692: Developed in 1992, Form LT692 provides benefits for Nursing Home Care and Adult Day Care. The policy also has provisions for Waiver of Premium and Survivorship (if both husband and wife have LT692 policies). Additional benefits include bed reservation, alternate plan of care, deferred purchase of inflation coverage, and extended period of reinstatement due to a lapse related to cognitive impairment suffered at time of lapse. Benefits are subject to an elimination period of 0, 20, 90, or 180 days and benefit period of 2, 3, 5, 10, or unlimited years in days. The policy pays a daily benefit for Nursing Home Care and Adult Day Care up to 33% of the policy daily benefit.

Policy Form LT694 and Rider Forms UR268C, UR287: Developed in 1996, Form LT694 provides benefits for Nursing Home Care, Alternative Care, Assisted Living Care, and Adult Day Care. The policy also has provisions for Waiver of Premium. Additional benefits include care giver training, bed reservation, extended period of reinstatement due to a lapse related to cognitive impairment suffered at time of lapse, and restoration of benefits. Benefits are subject to an elimination period of 0 or 90 days and benefit period of 2,

3, 4, 5, or unlimited years in days. The policy pays a daily benefit for Nursing Home Care, Alternative Care, Assisted Living up to 50% of the policy daily benefit (80% if care coordinator used), and Adult Day Care up to 50% of the policy daily benefit and lifetime maximum. UR268C increases the policy daily benefit by 5% of the previous year's daily benefit. UR287 removes the non-duplication of Medicare benefits.

Policy Form LT695 and Rider Forms UR274 and UR287: Developed in 1995, Form LT695 provides benefits for Nursing Home Care, Home Care (including caregiver training, equipment, and respite care), Community Care (including hospice and adult day care), and additional benefits for using a Care Coordinator (including elimination period waiver, weekly benefit, enhanced Home Care, and Assisted Living Care). The policy also has provisions for Waiver of Premium and Survivorship (if both husband and wife have LT695 policies). Additional benefits include bed reservation, deferred inflation protection, and restoration of benefits for policy lapse due to cognitive impairment or loss of functional capacity. Benefits are subject to an elimination period of 0, 20, or 90 days and benefit period of 2, 3, 5, 10, or unlimited years in days. The policy pays a daily benefit for Nursing Home Care, Home Care up to 80% of the policy daily benefit (100% if care coordinator used), and Community Care up to 50% of the policy daily benefit. UR274 increases the policy daily benefit by 5% of the previous year's daily benefit. UR287 removes the non-duplication of Medicare benefits.

Policy Form LT698 and Rider Forms UR424, UR467, and UR468: Developed in 1999, Form LT698 provides benefits for Nursing Facility Care and Alternative Care (including home care, assisted living, adult day care, respite care, hospice care, caregiver training, equipment, and other related benefits). The policy also has provisions for Waiver of Premium and Survivorship (if both husband and wife have LT698 policies). Additional benefits include bed reservation, restoration of benefits, and extended reinstatement for policy lapse due to cognitive impairment or loss of functional capacity. Benefits are subject to an elimination period of 0 or 90 days and benefit period of 2, 3, 4, 5, or unlimited years in days. The policy pays a daily benefit for Nursing Home Care and Alternative care. Adult day care daily benefit is adjusted to up to 50% of the policy benefit and personal care services are adjusted to 50% of the policy benefit (100% if care coordinator used). UR424 increases the policy daily benefit and lifetime dollar maximum by 5% of the previous year's daily benefit and lifetime dollar maximum. UR467 provides for a paid up shortened benefit period in lapse situations. UR468 provides for a combination return of premium at death and shortened benefit on lapse.

4. Rate Increase Request, Reasons for and Expected Effect on Premiums

The companies are requesting a 18.033% increase in the premium rates on all policy forms listed above and their riders. The rate increase percentage may vary for a particular policy due to the rounding of the premium rates. This rate increase is being requested both due to adverse claim experience and lower than expected lapse rates. It is also intended to increase the premium rate equity among all states in which we have marketed long term care products. In the past, we implemented a larger rate increase in most other states than we have in Arkansas. Following approval of this rate increase, premium rates for your state will be on a commensurate level as the nationwide premium rate scale for these forms. The combined impact of this rate increase and the rate increase we are filing in other states results in an average nationwide increase of 3.611% based on inforce premium as of 12/31/2007. It is expected that the rate revision will be implemented on the later of September 1, 2008 or following the approval and the necessary time to give the policyholder sufficient notice of a rate change.

5. Rate Justification Standard - Minimum Loss Ratio

This filing demonstrates that both the projected future loss ratio and the anticipated lifetime loss ratio are higher than the minimum loss ratio for this type of form that is a long term care policy form, with a loss ratio of 60%.

6. Rate Increase History

Shown below are the effective dates and the percentage of past rate increases:

AVERAGE REVISIONS: All Filed Forms Combined

Effective Year	Nationwide Revision %	Arkansas Revision %
1991	0.36%	NONE
1992	5.44%	4.24%
1993	NONE	NONE
1994	4.07%	NONE
1995	4.62%	NONE
1996	NONE	NONE
1997	NONE	NONE
1998	4.19%	NONE
1999	NONE	NONE
2000	NONE	NONE
2001	13.87%	NONE
2002	2.98%	NONE
2003	18.92%	NONE
2004	0.35%	22.00%
2005	0.10%	NONE
2006	14.74%	NONE
2007	2.93%	19.75%

7. Projection Assumptions

The following assumptions were used in generating the future premium and claims in order to generate the present value of future premium and claims and their loss ratio.

Interest - An effective annual rate of interest of 4.50% has been assumed for accumulating past experience and discounting projected future experience.

Terminations - An annual termination rate based on recent experience has been assumed for projecting the in force into the future. A shock lapse rate has been calculated.

Morbidity - The claim costs are based on the original pricing assumptions adjusted to actual experience.

Experience Data Credibility - The requested rate revision is based on nationwide experience since Arkansas experience has been determined to not be credible.

Premium Rate Increase - The requested nationwide 3.611% premium rate revision has been assumed with an effective date of October 1, 2008. For all years thereafter, no annual rate increases have been assumed.

8. Past Experience

The attached exhibit shows the past experience for the business. The experience is through December 31, 2007 and is based on nationwide experience. The return of premium riders UR273 and UR473 were excluded from the experience. The accumulated value of past earned premium is $1,719,864,883 and the accumulated value of past incurred claims is $1,022,451,206. This results in a loss ratio of 59.45%.

9. Projected Future Experience

The future experience has been generated for 30 years using the business in force as of December 31, 2007. Adjustments have been made to the experience by applying the termination rates and rate increase assumptions as shown in the Projection Assumptions section. The present value of future earned premium is $632,100,734 and the present value of future incurred claims is $816,106,927. This results in a loss ratio of 129.11%.

10. Anticipated Lifetime Loss Ratio

The anticipated lifetime loss ratio is defined as the sum of the present value of past and projected incurred claims divided by the sum the present value of past and future earned premium. These values are summarized below:

Experience Period	Earned Premium	Incurred Claims	Loss Ratio
Past Years	1,719,864,883	1,022,451,206	59.45%
Projected Future	632,100,734	816,106,927	129.11%
Anticipated Lifetime	2,351,965,616	1,838,558,133	78.17%

The projected future loss ratio and the anticipated lifetime loss ratio are both greater than the required minimum loss ratio of 60%. This demonstrates that the premium and claims experience meets the minimum loss ratio requirements.

11. Actuarial Certification

I hereby certify that, to the best of my knowledge and judgment, the assumptions presented are expected to develop and are consistent with the company's business plan at the time of the filing, the anticipated lifetime loss ratio and future loss ratio both exceed the applicable ratio, the filed premium rates maintain the proper relationship between policies which had different rating methodologies, and the filing was prepared based on the current standards as promulgated by the Actuarial Standards Board including Standard No. 8 'Regulatory Filings for Rates and Financial Projections for Health Plans' and Standard No 23, the 'Data Quality' standard of practice.

Todd Moltumyr, ASA, MAAA
Vice President

12. Attachments

a) Past and Future Experience Exhibit
b) Detail Experience Exhibit
c) Current and Proposed Rate Schedules
d) Past Experience Exhibit by Form

LTC Policy and Riders - Medico/Medico Life Insurance Companies - Nationwide Experience for All Affected Policy Forms

Change in the active life reserve is NOT included in the Statement and Runout Claims

Valuation Date: 12/31/2007

ISSUE YEAR	EXPER YEAR	Earned Premium	Statement Incurred Claims	Loss Ratio	Runout Incurred Claims	Loss Ratio	Written Premium	Change In Unearned Prem	Paid Claims	Change In Claim Res	Paid Claims Allocated to Incurred Year	Claim Reserve as of 12/31/2007 Outstanding	Pending	IBNR	Change In ActLf Res	Policy Count	Gross Annualized Premium	Life Years	LR Expected Claims	Expected Loss Ratio	Statement Claims Act/Exp Ratio	Runout Claims Act/Exp Ratio
Total	1988	11,597,585	2,175,687	18.76%	3,345,286	28.84%	23,783,727	12,186,142	203,605	1,972,082	3,345,286	0	0	0	0	22,670	0	0	2,707,912	23.35%	80.346%	123.537%
Total	1989	38,321,285	10,416,593	27.18%	10,022,520	26.15%	46,160,002	7,838,717	2,206,750	8,209,843	10,022,520	0	0	0	14,322	42,499	0	0	9,753,766	25.45%	106.796%	102.755%
Total	1990	45,973,227	16,702,170	36.33%	17,950,745	39.05%	45,195,618	-777,609	7,809,437	8,892,733	17,950,745	0	0	0	3,300,272	41,224	0	0	14,325,352	31.16%	116.592%	125.308%
Total	1991	45,690,918	18,436,316	40.35%	20,418,046	44.69%	45,327,006	-363,912	13,119,835	5,316,481	20,418,046	0	0	0	8,555,303	39,528	0	0	17,359,065	37.99%	106.206%	117.622%
Total	1992	44,519,405	21,365,928	47.99%	21,918,463	49.23%	43,817,040	-702,365	17,687,294	3,678,634	21,918,463	0	0	0	11,738,777	36,873	0	0	22,040,569	49.51%	96.939%	99.446%
Total	1993	41,265,016	25,247,414	61.18%	25,605,098	62.05%	39,708,004	-1,557,012	20,960,988	4,286,426	25,605,098	0	0	0	11,494,682	33,760	0	0	23,655,235	57.33%	106.731%	108.243%
Total	1994	38,246,279	27,106,712	70.87%	26,711,844	69.84%	37,105,396	-1,140,883	22,308,976	4,797,736	26,711,844	0	0	0	10,566,629	31,606	0	0	24,678,029	64.52%	109.841%	108.241%
Total	1995	37,095,822	27,242,057	73.44%	27,011,569	72.82%	36,861,113	-234,709	24,213,855	3,028,202	27,011,569	0	0	0	7,365,948	30,061	0	0	25,978,602	70.03%	104.863%	103.976%
Total	1996	36,618,789	29,160,986	79.63%	28,983,778	79.15%	36,453,108	-165,681	25,879,136	3,281,850	28,895,764	3,185	84,829	0	7,706,728	30,444	37,367,186	45,537	26,905,149	73.47%	108.384%	107.726%
Total	1997	40,239,961	29,732,133	73.89%	30,340,213	75.40%	41,660,733	1,420,772	26,751,516	2,980,617	30,063,179	6,125	270,909	0	7,820,963	35,811	43,278,584	49,135	28,734,005	71.41%	103.474%	105.590%
Total	1998	48,398,567	28,487,314	58.86%	32,797,838	67.77%	50,540,027	2,141,460	26,355,562	2,131,752	32,233,029	13,560	551,249	0	11,426,535	42,721	53,240,805	56,591	26,187,164	54.11%	108.784%	125.244%
Total	1999	57,041,553	26,187,728	45.91%	32,405,908	56.81%	58,039,820	998,267	27,624,303	-1,436,575	31,698,310	17,114	690,483	0	18,851,541	49,266	60,638,634	64,911	32,996,500	57.85%	79.365%	98.210%
Total	2000	67,271,886	40,748,819	60.57%	42,026,427	62.47%	69,453,834	2,181,948	30,420,909	10,327,910	40,529,626	20,092	1,476,710	0	22,364,974	59,760	73,226,253	76,869	37,512,261	55.76%	108.628%	112.034%
Total	2001	83,606,833	43,185,027	51.65%	52,177,442	62.41%	88,441,112	4,834,279	35,851,425	7,333,602	49,148,213	50,196	2,979,033	0	29,441,118	73,672	96,199,572	66,956	40,192,826	48.07%	107.445%	129.818%
Total	2002	100,601,320	51,560,935	51.25%	58,717,393	58.37%	100,281,327	-319,993	41,628,803	9,932,132	53,537,249	83,572	5,096,571	0	39,956,611	71,813	101,258,708	73,765	46,584,264	46.31%	110.683%	126.046%
Total	2003	100,986,426	79,025,340	78.25%	64,127,754	63.50%	101,004,869	18,443	47,106,614	31,918,726	55,376,086	159,050	8,592,618	0	15,162,412	64,688	102,319,098	67,839	48,033,923	47.56%	164.520%	133.505%
Total	2004	100,735,340	62,913,632	62.45%	60,717,813	60.27%	99,081,315	-1,654,025	52,242,371	10,671,261	47,394,846	307,102	12,918,050	97,815	35,659,174	60,397	98,883,821	62,257	46,809,822	46.47%	134.403%	129.712%
Total	2005	94,464,165	62,234,938	65.88%	68,419,396	72.43%	92,536,181	-1,927,984	55,341,915	6,893,023	44,133,141	547,471	23,542,100	196,684	31,773,340	56,721	91,999,278	58,251	43,980,713	46.56%	141.505%	155.567%
Total	2006	90,412,860	76,010,973	84.07%	65,982,099	72.98%	89,715,967	-696,893	58,183,045	17,827,928	27,470,543	694,443	36,963,897	853,217	29,797,340	53,329	93,543,883	54,944	47,188,898	52.19%	161.078%	139.825%
Total	2007	91,859,460	77,051,691	83.88%	65,605,506	71.42%	91,491,220	-368,240	64,839,631	12,212,060	7,689,778	638,853	43,103,300	14,173,575	28,244,653	50,271	92,154,388	51,561	47,444,899	51.65%	162.402%	138.277%
Grand	Total	1,214,946,697	754,992,393	62.14%	755,285,138	62.17%	1,236,657,419	21,710,722	600,735,970	154,256,423	601,153,335	2,540,764	136,269,749	15,321,290	331,241,322			728,616	613,068,954	50.46%	123.150%	123.197%
Present Value - 4.50%																						
Grand	Total	1,719,864,883	1,022,451,206	59.45%	959,986,408	55.82%	1,766,596,589	46,731,707	805,854,606	216,596,600					439,397,297				858,479,899	49.92%	119.100%	111.824%

LTC Policy and Riders - Medico/Medico Life Insurance Companies - Arkansas Experience for All Affected Policy Forms

Change in the active life reserve is NOT included in the Statement and Runout Claims

Valuation Date: 12/31/2007

ISSUE YEAR	EXPER YEAR	Earned Premium	Statement Incurred Claims	Loss Ratio	Runout Incurred Claims	Loss Ratio	Written Premium	Change In Unearned Prem	Paid Claims	Change In Claim Res	Paid Claims Allocated to Incurred Year	Claim Reserve as of 12/31/2007 Outstanding	Pending	IBNR	Change In ActLf Res	Policy Count	Gross Annualized Premium	Life Years	LR Expected Claims	Expected Loss Ratio	Statement Claims Act/Exp Ratio	Runout Claims Act/Exp Ratio
Total	1988	26,139	3,395	12.99%	0	0.00%	55,073	28,934	0	3,395	0	0	0	0	0	60	0	0	6,268	23.98%	54.164%	0.000%
Total	1989	64,389	16,384	25.45%	0	0.00%	66,040	1,651	0	16,384	0	0	0	0	0	88	0	0	16,378	25.44%	100.037%	0.000%
Total	1990	70,269	4,256	6.06%	19,074	27.14%	64,562	-5,707	2,250	2,006	19,074	0	0	0	5,197	85	0	0	20,512	29.19%	20.749%	92.990%
Total	1991	59,325	1,414	2.38%	0	0.00%	55,798	-3,527	16,824	-15,410	0	0	0	0	12,236	71	0	0	21,411	36.09%	6.604%	0.000%
Total	1992	50,187	15,611	31.11%	30,388	60.55%	45,548	-4,639	12,268	3,343	30,388	0	0	0	16,028	55	0	0	22,938	45.71%	68.057%	132.477%
Total	1993	50,690	49,323	97.30%	48,402	95.49%	54,048	3,358	26,107	23,216	48,402	0	0	0	16,669	61	0	0	25,946	51.19%	190.099%	186.548%
Total	1994	57,574	10,189	17.70%	0	0.00%	59,819	2,245	17,907	-7,718	0	0	0	0	20,734	66	0	0	29,359	50.99%	34.705%	0.000%
Total	1995	57,716	84,118	145.74%	94,759	164.18%	53,800	-3,916	46,254	37,864	94,759	0	0	0	24,562	64	0	0	33,827	58.61%	248.671%	280.128%
Total	1996	53,920	36,004	66.77%	7,201	13.35%	53,894	-26	45,987	-9,983	7,201	0	0	0	18,047	62	53,044	83	35,865	66.52%	100.388%	20.078%
Total	1997	56,119	35,548	63.34%	68,456	121.98%	57,129	1,010	35,894	-346	68,456	0	0	0	25,937	73	62,019	89	38,879	69.28%	91.432%	176.075%
Total	1998	63,470	15,187	23.93%	0	0.00%	65,609	2,139	24,349	-9,162	0	0	0	0	28,113	79	63,406	105	40,149	63.26%	37.827%	0.000%
Total	1999	68,298	33,280	48.73%	57,088	83.59%	67,971	-327	30,319	2,961	57,088	0	0	0	20,678	99	89,967	111	49,664	72.72%	67.010%	114.949%
Total	2000	135,997	85,661	62.99%	47,959	35.26%	140,632	4,635	40,964	44,697	47,959	0	0	0	69,932	177	181,513	186	65,920	48.47%	129.947%	72.753%
Total	2001	247,723	44,767	18.07%	1,666	0.67%	266,132	18,409	43,549	1,218	1,666	0	0	0	86,018	299	344,320	226	85,667	34.58%	52.257%	1.944%
Total	2002	446,414	13,832	3.10%	59,145	13.25%	448,479	2,065	48,348	-34,516	59,145	0	0	0	171,305	418	470,268	390	118,084	26.45%	11.714%	50.087%
Total	2003	463,677	429,640	92.66%	521,042	112.37%	461,169	-2,508	83,322	346,318	338,960	1,360	180,722	0	261,736	407	458,298	412	138,065	29.78%	311.187%	377.389%
Total	2004	509,669	264,168	51.83%	332,119	65.16%	517,590	7,921	182,766	81,402	329,204	1,875	720	320	363,542	386	527,752	397	152,441	29.91%	173.292%	217.867%
Total	2005	520,292	592,111	113.80%	386,339	74.25%	522,172	1,880	278,503	313,608	316,953	1,550	67,150	686	344,256	373	513,802	379	154,561	29.71%	383.092%	249.959%
Total	2006	499,349	91,217	18.27%	169,015	33.85%	494,237	-5,112	352,720	-261,503	82,967	2,350	80,434	3,264	383,464	360	487,622	366	181,728	36.39%	50.194%	93.004%
Total	2007	524,965	489,566	93.26%	470,442	89.61%	530,037	5,072	283,642	205,924	67,543	1,550	343,682	57,667	241,280	337	534,896	348	184,136	35.08%	265.872%	255.486%
Grand	Total	4,026,182	2,315,671	57.52%	2,313,093	57.45%	4,079,739	53,557	1,571,973	743,698	1,569,764	8,685	672,708	61,937	2,109,734			3,092	1,421,798	35.31%	162.869%	162.688%
Present Value - 4.50%																						
Grand	Total	5,041,528	2,759,079	54.73%	2,611,054	51.79%	5,132,260	90,732	1,867,725	891,354					2,482,354				1,817,853	36.06%	151.777%	143.634%

LTC Policy and Riders - Medico/Medico Life Insurance Companies - Nationwide Experience for All Affected Policy Forms

Change in the active life reserve is NOT included in the Statement and Runout Claims

Valuation Date: 12/31/2007

ISSUE YEAR	EXPER YEAR	Earned Premium	Statement Incurred Claims	Loss Ratio	Runout Incurred Claims	Loss Ratio	Written Premium	Change In Unearned Prem	Paid Claims	Change In Claim Res	Paid Claims Allocated to Incurred Year	Claim Reserve as of 12/31/2007 Outstanding	Pending	IBNR	Change In ActLf Res	Policy Count	Gross Annualized Premium	Life Years	LR Expected Claims	Expected Loss Ratio	Statement Claims Act/Exp Ratio	Runout Claims Act/Exp Ratio
1987	1988	17,453	1,307	7.49%	0	0.00%	33,378	15,925	0	1,307	0	0	0	0	0	62	0	0	16,785	96.17%	7.787%	0.000%
1988	1988	11,580,132	2,174,380	18.78%	3,345,286	28.89%	23,750,349	12,170,217	203,605	1,970,775	3,345,286	0	0	0	0	22,608	0	0	2,691,127	23.24%	80.798%	124.308%
Total	1988	11,597,585	2,175,687	18.76%	3,345,286	28.84%	23,783,727	12,186,142	203,605	1,972,082	3,345,286	0	0	0	0	22,670	0	0	2,707,912	23.35%	80.346%	123.537%
1987	1989	23,108	35,743	154.68%	20,124	87.08%	23,781	673	8,598	27,145	20,124	0	0	0	7,754	37	0	0	16,513	71.46%	216.454%	121.865%
1988	1989	22,664,976	6,639,525	29.29%	6,559,766	28.94%	19,447,902	-3,217,074	2,068,351	4,571,174	6,559,766	0	0	0	6,568	18,735	0	0	6,214,839	27.42%	106.833%	105.550%
1989	1989	15,633,201	3,741,325	23.93%	3,442,630	22.02%	26,688,319	11,055,118	129,801	3,611,524	3,442,630	0	0	0	0	23,727	0	0	3,522,414	22.53%	106.215%	97.735%
Total	1989	38,321,285	10,416,593	27.18%	10,022,520	26.15%	46,160,002	7,838,717	2,206,750	8,209,843	10,022,520	0	0	0	14,322	42,499	0	0	9,753,766	25.45%	106.796%	102.755%
1987	1990	22,691	-13,604	-59.95%	2,904	12.80%	17,567	-5,124	11,093	-24,697	2,904	0	0	0	13,844	31	0	0	18,268	80.51%	-74.469%	15.898%
1988	1990	17,148,845	10,120,146	59.01%	10,555,683	61.55%	15,283,214	-1,865,631	5,285,990	4,834,156	10,555,683	0	0	0	2,375,500	14,730	0	0	6,576,670	38.35%	153.879%	160.502%
1989	1990	22,966,520	5,596,364	24.37%	7,033,585	30.63%	19,852,393	-3,114,127	2,489,463	3,106,901	7,033,585	0	0	0	739,596	18,149	0	0	6,432,391	28.01%	87.003%	109.346%
1990	1990	5,835,171	999,264	17.12%	358,571	6.15%	10,042,444	4,207,273	22,891	976,373	358,571	0	0	0	171,332	8,314	0	0	1,298,023	22.24%	76.984%	27.624%
Total	1990	45,973,227	16,702,170	36.33%	17,950,745	39.05%	45,195,618	-777,609	7,809,437	8,892,733	17,950,745	0	0	0	3,300,272	41,224	0	0	14,325,352	31.16%	116.592%	125.308%
1987	1991	18,371	3,499	19.05%	2,300	12.52%	15,722	-2,649	5,155	-1,656	2,300	0	0	0	2,527	24	0	0	17,048	92.80%	20.524%	13.491%
1988	1991	14,302,968	8,415,632	58.84%	9,323,936	65.19%	13,392,018	-910,950	7,969,586	446,046	9,323,936	0	0	0	5,925,884	12,504	0	0	6,895,669	48.21%	122.042%	135.214%
1989	1991	17,871,333	7,590,412	42.47%	7,834,268	43.84%	16,519,847	-1,351,486	4,626,401	2,964,011	7,834,268	0	0	0	2,798,224	14,736	0	0	6,903,314	38.63%	109.953%	113.486%
1990	1991	9,222,148	1,876,937	20.35%	2,927,472	31.74%	8,410,008	-812,140	497,789	1,379,148	2,927,472	0	0	0	-171,332	6,899	0	0	2,602,260	28.22%	72.127%	112.497%
1991	1991	4,276,098	549,836	12.86%	330,069	7.72%	6,989,411	2,713,313	20,904	528,932	330,069	0	0	0	0	5,365	0	0	940,774	22.00%	58.445%	35.085%
Total	1991	45,690,918	18,436,316	40.35%	20,418,046	44.69%	45,327,006	-363,912	13,119,835	5,316,481	20,418,046	0	0	0	8,555,303	39,528	0	0	17,359,065	37.99%	106.206%	117.622%
1987	1992	17,097	64,001	374.34%	5,220	30.53%	18,298	1,201	4,240	59,761	5,220	0	0	0	2,921	15	0	0	10,861	63.53%	589.274%	48.062%
1988	1992	12,683,349	9,070,181	71.51%	8,282,975	65.31%	12,103,375	-579,974	8,961,258	108,923	8,282,975	0	0	0	4,174,636	10,841	0	0	7,666,171	60.44%	118.314%	108.046%
1989	1992	15,532,122	7,801,094	50.23%	9,214,618	59.33%	14,947,566	-584,556	6,835,006	966,088	9,214,618	0	0	0	5,896,130	12,900	0	0	8,305,324	53.47%	93.929%	110.948%
1990	1992	7,697,983	2,993,853	38.89%	2,996,200	38.92%	7,262,856	-435,127	1,552,631	1,441,222	2,996,200	0	0	0	1,624,304	5,833	0	0	3,423,900	44.48%	87.440%	87.508%
1991	1992	6,606,041	1,233,534	18.67%	1,396,022	21.13%	6,168,673	-437,368	323,179	910,355	1,396,022	0	0	0	37,569	4,530	0	0	2,168,251	32.82%	56.891%	64.385%
1992	1992	1,982,813	203,265	10.25%	23,429	1.18%	3,316,272	1,333,459	10,980	192,285	23,429	0	0	0	3,217	2,754	0	0	466,062	23.51%	43.613%	5.027%
Total	1992	44,519,405	21,365,928	47.99%	21,918,463	49.23%	43,817,040	-702,365	17,687,294	3,678,634	21,918,463	0	0	0	11,738,777	36,873	0	0	22,040,569	49.51%	96.939%	99.446%
1987	1993	12,942	-27,022	-208.79%	28,551	220.60%	11,392	-1,550	7,515	-34,537	28,551	0	0	0	465	12	0	0	9,573	73.97%	-282.273%	298.241%
1988	1993	11,309,815	8,950,517	79.14%	9,116,245	80.60%	10,653,098	-656,717	9,222,381	-271,864	9,116,245	0	0	0	2,869,157	9,618	0	0	7,879,049	69.67%	113.599%	115.702%
1989	1993	13,725,391	10,288,566	74.96%	8,923,689	65.02%	13,013,526	-711,865	8,333,764	1,954,802	8,923,689	0	0	0	4,208,353	11,289	0	0	8,629,197	62.87%	119.230%	103.413%
1990	1993	6,684,455	4,021,985	60.17%	4,637,939	69.38%	6,304,483	-379,972	2,610,388	1,411,597	4,637,939	0	0	0	2,529,348	5,036	0	0	3,712,800	55.54%	108.328%	124.918%
1991	1993	5,350,135	1,347,014	25.18%	1,413,216	26.41%	4,974,880	-375,255	673,363	673,651	1,413,216	0	0	0	1,122,662	3,758	0	0	2,326,505	43.48%	57.899%	60.744%
1992	1993	3,198,139	618,441	19.34%	1,171,632	36.63%	2,978,876	-219,263	112,377	506,064	1,171,632	0	0	0	757,378	2,355	0	0	893,980	27.95%	69.178%	131.058%
1993	1993	984,139	47,913	4.87%	313,828	31.89%	1,771,749	787,610	1,200	46,713	313,828	0	0	0	7,319	1,692	0	0	204,131	20.74%	23.472%	153.738%
Total	1993	41,265,016	25,247,414	61.18%	25,605,098	62.05%	39,708,004	-1,557,012	20,960,988	4,286,426	25,605,098	0	0	0	11,494,682	33,760	0	0	23,655,235	57.33%	106.731%	108.243%
1987	1994	13,113	11,752	89.62%	1,580	12.05%	12,496	-617	19,995	-8,243	1,580	0	0	0	4,546	12	0	0	10,453	79.71%	112.427%	15.115%
1988	1994	10,073,395	9,851,169	97.79%	9,669,487	95.99%	9,563,834	-509,561	8,730,480	1,120,689	9,669,487	0	0	0	2,000,096	8,588	0	0	7,943,001	78.85%	124.023%	121.736%
1989	1994	12,162,922	9,778,856	80.40%	9,182,502	75.50%	11,632,731	-530,191	8,873,254	905,602	9,182,502	0	0	0	3,185,330	10,103	0	0	8,664,927	71.24%	112.856%	105.973%
1990	1994	5,938,303	3,461,540	58.29%	3,302,972	55.62%	5,713,098	-225,205	3,177,613	283,927	3,302,972	0	0	0	1,925,576	4,518	0	0	3,851,425	64.86%	89.877%	85.760%
1991	1994	4,520,576	2,755,481	60.95%	3,257,991	72.07%	4,307,753	-212,823	1,097,348	1,658,133	3,257,991	0	0	0	1,685,505	3,222	0	0	2,504,783	55.41%	110.009%	130.071%
1992	1994	2,671,213	843,779	31.59%	1,060,163	39.69%	2,500,436	-170,777	376,811	466,968	1,060,163	0	0	0	1,179,570	1,992	0	0	1,015,853	38.03%	83.061%	104.362%
1993	1994	1,881,452	367,003	19.51%	237,150	12.60%	1,772,014	-109,438	33,475	333,528	237,150	0	0	0	573,922	1,569	0	0	458,821	24.39%	79.988%	51.687%
1994	1994	985,305	37,132	3.77%	0	0.00%	1,603,034	617,729	0	37,132	0	0	0	0	12,084	1,602	0	0	228,766	23.22%	16.231%	0.000%
Total	1994	38,246,279	27,106,712	70.87%	26,711,844	69.84%	37,105,396	-1,140,883	22,308,976	4,797,736	26,711,844	0	0	0	10,566,629	31,606	0	0	24,678,029	64.52%	109.841%	108.241%
1987	1995	11,312	-14,765	-130.53%	-1,240	-10.97%	11,849	537	2,360	-17,125	-1,240	0	0	0	-6,751	8	0	0	10,950	96.80%	-134.840%	-11.328%
1988	1995	9,179,944	10,037,181	109.34%	9,020,557	98.26%	8,885,870	-294,074	9,274,911	762,270	9,020,557	0	0	0	703,665	7,446	0	0	8,110,434	88.35%	123.756%	111.222%
1989	1995	11,052,221	8,259,692	74.73%	8,129,572	73.56%	10,753,014	-299,207	8,868,529	-608,837	8,129,572	0	0	0	1,657,284	8,757	0	0	8,859,943	80.16%	93.225%	91.756%
1990	1995	5,538,064	4,457,192	80.48%	4,834,321	87.29%	5,405,335	-132,729	3,434,981	1,022,211	4,834,321	0	0	0	1,286,825	3,944	0	0	4,038,614	72.92%	110.364%	119.702%
1991	1995	4,084,122	2,221,402	54.39%	2,337,285	57.23%	3,966,220	-117,902	1,748,832	472,570	2,337,285	0	0	0	1,160,927	2,752	0	0	2,588,922	63.39%	85.804%	90.280%
1992	1995	2,340,738	1,433,966	61.26%	1,321,515	56.46%	2,276,949	-63,789	653,176	780,790	1,321,515	0	0	0	882,924	1,734	0	0	1,087,181	46.45%	131.898%	121.554%

LTC Policy and Riders - Medico/Medico Life Insurance Companies - Nationwide Experience for All Affected Policy Forms

Change in the active life reserve is NOT included in the Statement and Runout Claims

Valuation Date: 12/31/2007

ISSUE YEAR	EXPER YEAR	Earned Premium	Statement Incurred Claims	Loss Ratio	Runout Incurred Claims	Loss Ratio	Written Premium	Change In Unearned Prem	Paid Claims	Change In Claim Res	Paid Claims Allocated to Incurred Year	Claim Reserve as of 12/31/2007 Outstanding	Pending	IBNR	Change In ActLf Res	Policy Count	Gross Annualized Premium	Life Years	LR Expected Claims	Expected Loss Ratio	Statement Claims Act/Exp Ratio	Runout Claims Act/Exp Ratio
1993	1995	1,662,054	531,819	32.00%	665,329	40.03%	1,596,165	-65,889	193,539	338,280	665,329	0	0	0	997,232	1,436	0	0	504,780	30.37%	105.357%	131.806%
1994	1995	1,826,843	159,853	8.75%	436,811	23.91%	1,776,132	-50,711	11,560	148,293	436,811	0	0	0	643,956	1,598	0	0	465,703	25.49%	34.325%	93.796%
1995	1995	1,400,524	155,717	11.12%	267,418	19.09%	2,189,579	789,055	25,967	129,750	267,418	0	0	0	39,886	2,386	0	0	312,075	22.28%	49.897%	85.690%
Total	1995	37,095,822	27,242,057	73.44%	27,011,569	72.82%	36,861,113	-234,709	24,213,855	3,028,202	27,011,569	0	0	0	7,365,948	30,061	0	0	25,978,602	70.03%	104.863%	103.976%
1987	1996	10,400	-26	-0.25%	240	2.31%	10,400	0	0	-26	240	0	0	0	2,210	8	10,399	12	10,771	103.57%	-0.241%	2.228%
1988	1996	8,280,094	8,117,267	98.03%	8,696,006	105.02%	7,781,551	-498,543	9,064,971	-947,704	8,696,006	0	0	0	703,193	6,666	7,870,456	10,136	8,042,505	97.13%	100.930%	108.126%
1989	1996	9,958,407	8,362,337	83.97%	7,805,906	78.39%	9,382,486	-575,921	8,622,606	-260,269	7,805,906	0	0	0	1,261,140	7,797	9,495,523	11,755	8,816,521	88.53%	94.848%	88.537%
1990	1996	5,081,626	5,098,558	100.33%	4,847,559	95.39%	4,859,681	-221,945	3,904,460	1,194,098	4,847,559	0	0	0	998,198	3,552	4,862,483	6,098	4,110,974	80.90%	124.023%	117.918%
1991	1996	3,712,045	3,804,407	102.49%	4,003,620	107.85%	3,538,190	-173,855	2,461,440	1,342,967	4,003,620	0	0	0	950,549	2,475	3,556,875	5,072	2,629,578	70.84%	144.677%	152.253%
1992	1996	2,145,059	778,316	36.28%	1,202,072	56.04%	2,044,657	-100,402	944,713	-166,397	1,202,072	0	0	0	781,525	1,581	2,044,583	2,927	1,136,992	53.01%	68.454%	105.724%
1993	1996	1,526,392	1,293,015	84.71%	859,048	56.28%	1,463,947	-62,445	587,150	705,865	859,048	0	0	0	885,644	1,309	1,462,536	2,009	564,243	36.97%	229.159%	152.248%
1994	1996	1,634,125	557,125	34.09%	118,193	7.23%	1,587,680	-46,445	133,452	423,673	118,193	0	0	0	1,137,885	1,452	1,589,546	2,154	512,269	31.35%	108.756%	23.072%
1995	1996	2,517,508	893,557	35.49%	1,140,050	45.28%	2,447,984	-69,524	156,558	736,999	1,052,036	3,185	84,829	0	975,329	2,332	2,429,846	3,368	642,689	25.53%	139.034%	177.388%
1996	1996	1,753,133	256,430	14.63%	311,083	17.74%	3,336,532	1,583,399	3,786	252,644	311,083	0	0	0	11,055	3,272	4,044,939	2,006	438,607	25.02%	58.465%	70.925%
Total	1996	36,618,789	29,160,986	79.63%	28,983,778	79.15%	36,453,108	-165,681	25,879,136	3,281,850	28,895,764	3,185	84,829	0	7,706,728	30,444	37,367,186	45,537	26,905,149	73.47%	108.384%	107.726%
1987	1997	10,432	47,359	453.98%	26,642	255.39%	9,308	-1,124	13,280	34,079	26,642	0	0	0	1,099	8	10,618	12	11,799	113.10%	401.381%	225.799%
1988	1997	7,314,578	8,897,795	121.64%	8,220,226	112.38%	6,856,998	-457,580	8,845,819	51,976	8,220,226	0	0	0	-506,442	5,982	6,949,611	9,125	7,810,513	106.78%	113.921%	105.246%
1989	1997	8,814,785	8,436,834	95.71%	8,956,845	101.61%	8,416,276	-398,509	8,470,150	-33,316	8,956,845	0	0	0	40,829	6,987	8,393,622	10,518	8,615,479	97.74%	97.926%	103.962%
1990	1997	4,588,647	4,394,441	95.77%	4,411,067	96.13%	4,395,216	-193,431	4,257,735	136,706	4,411,067	0	0	0	719,833	3,251	4,417,161	5,582	4,118,303	89.75%	106.705%	107.109%
1991	1997	3,364,790	2,457,630	73.04%	2,882,055	85.65%	3,236,476	-128,314	2,657,504	-199,874	2,833,463	1,860	46,732	0	1,208,893	2,278	3,259,142	4,626	2,640,188	78.47%	93.085%	109.161%
1992	1997	1,946,416	1,335,856	68.63%	688,570	35.38%	1,884,614	-61,802	985,030	350,826	688,570	0	0	0	782,178	1,461	1,892,684	2,653	1,170,284	60.13%	114.148%	58.838%
1993	1997	1,373,143	664,883	48.42%	1,123,529	81.82%	1,316,234	-56,909	582,576	82,307	1,083,783	1,550	38,196	0	709,723	1,190	1,314,284	1,828	599,284	43.64%	110.946%	187.478%
1994	1997	1,524,709	595,218	39.04%	714,520	46.86%	1,489,881	-34,828	275,108	320,110	714,520	0	0	0	1,043,406	1,379	1,494,622	1,998	576,922	37.84%	103.171%	123.850%
1995	1997	2,321,039	1,194,091	51.45%	1,798,533	77.49%	2,281,698	-39,341	460,650	733,441	1,673,036	2,715	122,782	0	1,762,628	2,179	2,261,837	3,110	732,522	31.56%	163.011%	245.526%
1996	1997	4,273,177	962,492	22.52%	1,228,551	28.75%	4,067,024	-206,153	195,201	767,291	1,165,352	0	63,199	0	1,748,392	3,241	3,958,750	4,514	1,135,948	26.58%	84.730%	108.152%
1997	1997	4,708,245	745,534	15.83%	289,677	6.15%	7,707,008	2,998,763	8,463	737,071	289,677	0	0	0	310,424	7,855	9,326,253	5,169	1,322,763	28.09%	56.362%	21.899%
Total	1997	40,239,961	29,732,133	73.89%	30,340,213	75.40%	41,660,733	1,420,772	26,751,516	2,980,617	30,063,179	6,125	270,909	0	7,820,963	35,811	43,278,584	49,135	28,734,005	71.41%	103.474%	105.590%
1987	1998	9,243	-19,735	-213.51%	720	7.79%	6,071	-3,172	14,322	-34,057	720	0	0	0	475	7	7,361	12	7,631	82.56%	-258.616%	9.435%
1988	1998	6,612,043	6,586,767	99.62%	7,791,550	117.84%	6,342,852	-269,191	7,938,390	-1,351,623	7,791,550	0	0	0	710,705	5,355	6,601,125	8,239	6,335,478	95.82%	103.966%	122.983%
1989	1998	8,009,889	8,191,913	102.27%	8,596,254	107.32%	7,694,716	-315,173	8,044,106	147,807	8,526,993	0	69,261	0	1,465,131	6,326	8,027,828	9,521	7,185,594	89.71%	114.005%	119.632%
1990	1998	4,232,553	4,233,175	100.01%	4,880,121	115.30%	4,087,814	-144,739	4,306,926	-73,751	4,805,027	0	75,094	0	818,203	2,981	4,266,500	5,106	3,446,564	81.43%	122.823%	141.594%
1991	1998	3,137,075	2,601,977	82.94%	2,677,939	85.36%	3,090,321	-46,754	2,562,967	39,010	2,628,578	0	49,361	0	696,945	2,131	3,174,833	4,291	2,326,479	74.16%	111.842%	115.107%
1992	1998	1,840,300	1,472,729	80.03%	1,804,741	98.07%	1,807,289	-33,011	1,032,709	440,020	1,709,651	3,255	91,835	0	663,945	1,376	1,836,168	2,496	1,116,750	60.68%	131.876%	161.607%
1993	1998	1,278,828	948,118	74.14%	1,272,514	99.51%	1,233,924	-44,904	698,084	250,034	1,272,514	0	0	0	652,944	1,139	1,262,991	1,701	595,140	46.54%	159.310%	213.818%
1994	1998	1,450,569	397,513	27.40%	415,078	28.61%	1,414,799	-35,770	363,868	33,645	415,078	0	0	0	709,284	1,321	1,430,892	1,907	561,372	38.70%	70.811%	73.940%
1995	1998	2,187,704	1,037,714	47.43%	1,180,459	53.96%	2,125,572	-62,132	681,498	356,216	1,112,370	2,480	65,609	0	1,063,700	2,067	2,130,652	2,948	676,285	30.91%	153.443%	174.551%
1996	1998	3,643,063	1,296,831	35.60%	1,000,265	27.46%	3,452,358	-190,705	437,747	859,084	1,000,265	0	0	0	1,972,845	2,898	3,487,905	3,970	978,305	26.85%	132.559%	102.245%
1997	1998	9,471,033	1,117,071	11.79%	2,418,981	25.54%	9,168,660	-302,373	248,570	868,501	2,211,067	7,825	200,089	0	2,629,608	7,447	8,865,324	10,024	1,896,439	20.02%	58.904%	127.554%
1998	1998	6,526,267	623,241	9.55%	759,215	11.63%	10,115,651	3,589,384	26,375	596,866	759,215	0	0	0	42,750	9,673	12,149,226	6,376	1,061,127	16.26%	58.734%	71.548%
Total	1998	48,398,567	28,487,314	58.86%	32,797,838	67.77%	50,540,027	2,141,460	26,355,562	2,131,752	32,233,029	13,560	551,249	0	11,426,535	42,721	53,240,805	56,591	26,187,164	54.11%	108.784%	125.244%
1987	1999	8,434	28,996	343.80%	600	7.11%	8,190	-244	28,961	35	600	0	0	0	12,498	9	4,739	10	10,186	120.77%	284.665%	5.890%
1988	1999	6,374,992	7,364,767	115.53%	7,467,747	117.14%	6,098,178	-276,814	7,718,334	-353,567	7,467,747	0	0	0	1,486,946	5,119	5,858,450	7,468	7,544,989	118.35%	97.611%	98.976%
1989	1999	7,652,785	7,006,790	91.56%	7,412,341	96.86%	7,400,426	-252,359	8,162,264	-1,155,474	7,412,341	0	0	0	1,580,907	6,017	7,154,074	8,785	8,574,386	112.04%	81.718%	86.447%
1990	1999	4,159,169	3,868,930	93.02%	4,699,763	113.00%	4,022,356	-136,813	4,445,487	-576,557	4,699,763	0	0	0	855,692	2,838	3,942,839	4,701	4,089,767	98.33%	94.600%	114.915%
1991	1999	3,146,399	2,808,731	89.27%	2,838,401	90.21%	3,020,503	-125,896	2,842,175	-33,444	2,730,578	0	107,823	0	536,169	2,016	2,932,908	3,955	2,752,138	87.47%	102.056%	103.134%
1992	1999	1,820,334	643,103	35.33%	1,550,116	85.16%	1,772,005	-48,329	1,122,534	-479,431	1,347,342	5,994	196,780	0	828,573	1,325	1,711,801	2,324	1,315,657	72.28%	48.881%	117.821%
1993	1999	1,233,018	829,536	67.28%	587,579	47.65%	1,226,891	-6,127	881,932	-52,396	587,579	0	0	0	677,081	1,084	1,195,297	1,609	678,812	55.05%	122.204%	86.560%
1994	1999	1,401,289	583,168	41.62%	971,758	69.35%	1,395,562	-5,727	482,302	100,866	918,038	1,860	51,860	0	941,104	1,276	1,362,748	1,821	649,866	46.38%	89.737%	149.532%
1995	1999	1,632,907	-673,806	-41.26%	1,243,646	76.16%	1,388,022	-244,885	294,662	-968,468	1,243,646	0	0	0	-161,542	1,351	2,033,974	2,797	497,436	30.46%	-135.456%	250.011%
1996	1999	3,220,871	129,848	4.03%	1,138,067	35.33%	3,033,978	-186,893	509,921	-380,073	1,138,067	0	0	0	2,265,481	2,537	3,213,749	3,679	1,096,509	34.04%	11.842%	103.790%

LTC Policy and Riders - Medico/Medico Life Insurance Companies - Nationwide Experience for All Affected Policy Forms

Change in the active life reserve is NOT included in the Statement and Runout Claims

Valuation Date: 12/31/2007

ISSUE YEAR	EXPER YEAR	Earned Premium	Statement Incurred Claims	Loss Ratio	Runout Incurred Claims	Loss Ratio	Written Premium	Change In Unearned Prem	Paid Claims	Change In Claim Res	Paid Claims Allocated to Incurred Year	Claim Reserve as of 12/31/2007 Outstanding	Pending	IBNR	Change In ActLf Res	Policy Count	Gross Annualized Premium	Life Years	LR Expected Claims	Expected Loss Ratio	Statement Claims Act/Exp Ratio	Runout Claims Act/Exp Ratio
1997	1999	8,428,766	2,087,294	24.76%	2,183,360	25.90%	8,243,775	-184,991	729,531	1,357,763	2,028,341	3,760	151,259	0	5,784,145	6,968	7,894,881	8,950	2,405,086	28.53%	86.787%	90.781%
1998	1999	12,198,994	1,107,329	9.08%	1,686,695	13.83%	11,933,743	-265,251	344,604	762,725	1,498,434	5,500	182,761	0	3,970,630	9,356	11,652,480	12,348	2,500,039	20.49%	44.292%	67.467%
1999	1999	5,763,595	403,042	6.99%	625,835	10.86%	8,496,191	2,732,596	61,596	341,446	625,835	0	0	0	73,857	9,370	11,680,694	6,464	881,629	15.30%	45.716%	70.986%
Total	1999	57,041,553	26,187,728	45.91%	32,405,908	56.81%	58,039,820	998,267	27,624,303	-1,436,575	31,698,310	17,114	690,483	0	18,851,541	49,266	60,638,634	64,911	32,996,500	57.85%	79.365%	98.210%
1987	2000	6,501	-1,143	-17.58%	0	0.00%	4,801	-1,700	0	-1,143	0	0	0	0	-15,212	5	4,258	8	5,019	77.20%	-22.773%	0.000%
1988	2000	5,775,321	8,176,062	141.57%	8,707,159	150.76%	5,279,441	-495,880	7,835,604	340,458	8,627,110	0	80,049	0	-2,993,932	4,259	5,143,499	6,827	6,886,307	119.24%	118.729%	126.442%
1989	2000	6,984,580	8,064,128	115.46%	8,634,662	123.62%	6,517,523	-467,057	7,959,081	105,047	8,493,926	2,480	138,256	0	-2,342,705	5,149	6,351,041	8,224	8,109,879	116.11%	99.436%	106.471%
1990	2000	3,885,686	4,987,336	128.35%	3,228,184	83.08%	3,641,510	-244,176	4,695,534	291,802	3,219,108	0	9,076	0	-602,210	2,466	3,559,708	4,403	3,950,414	101.67%	126.248%	81.718%
1991	2000	2,915,609	2,729,615	93.62%	2,292,353	78.62%	2,768,910	-146,699	2,885,748	-156,133	2,292,353	0	0	0	-346,226	1,757	2,691,311	3,689	2,653,042	90.99%	102.886%	86.405%
1992	2000	1,714,968	1,821,821	106.23%	1,905,537	111.11%	1,645,031	-69,937	1,332,219	489,602	1,905,537	0	0	0	155,025	1,180	1,596,129	2,211	1,343,202	78.32%	135.633%	141.865%
1993	2000	1,179,449	1,385,229	117.45%	1,749,893	148.37%	1,122,543	-56,906	891,274	493,955	1,619,418	0	130,475	0	552,003	1,022	1,134,119	1,543	747,135	63.35%	185.405%	234.214%
1994	2000	1,343,849	919,050	68.39%	779,559	58.01%	1,289,686	-54,163	555,232	363,818	716,792	2,170	60,597	0	620,397	1,190	1,286,432	1,748	721,069	53.66%	127.457%	108.112%
1995	2000	1,436,636	2,502,010	174.16%	1,631,944	113.59%	1,603,261	166,625	783,409	1,718,601	1,535,386	0	96,558	0	4,617,401	1,886	1,928,850	2,690	1,250,787	87.06%	200.035%	130.473%
1996	2000	2,983,979	2,406,466	80.65%	2,784,256	93.31%	2,979,637	-4,342	1,068,659	1,337,807	2,658,935	9,337	115,984	0	3,832,953	2,549	3,059,650	3,527	1,497,965	50.20%	160.649%	185.869%
1997	2000	7,999,287	1,650,067	20.63%	3,044,576	38.06%	7,644,198	-355,089	1,213,626	436,441	2,849,175	525	194,876	0	5,806,026	6,375	7,416,418	8,414	2,964,115	37.05%	55.668%	102.715%
1998	2000	11,126,726	3,252,178	29.23%	2,700,135	24.27%	10,744,639	-382,087	760,280	2,491,898	2,683,578	0	16,557	0	7,359,428	8,528	10,619,884	11,303	3,428,682	30.81%	94.852%	78.751%
1999	2000	11,483,757	2,061,287	17.95%	3,321,309	28.92%	11,629,364	145,607	402,590	1,658,697	2,969,184	5,580	346,545	0	4,709,419	9,844	11,655,198	13,022	2,566,295	22.35%	80.322%	129.420%
2000	2000	8,435,538	794,713	9.42%	1,246,861	14.78%	12,583,290	4,147,752	37,653	757,060	959,124	0	287,737	0	1,012,607	13,550	16,779,756	9,260	1,388,350	16.46%	57.242%	89.809%
Total	2000	67,271,886	40,748,819	60.57%	42,026,427	62.47%	69,453,834	2,181,948	30,420,909	10,327,910	40,529,626	20,092	1,476,710	0	22,364,974	59,760	73,226,253	76,869	37,512,261	55.76%	108.628%	112.034%
1987	2001	3,950	-23	-0.58%	0	0.00%	3,534	-416	0	-23	0	0	0	0	-2,601	4	15,242	13	4,873	123.37%	-0.472%	0.000%
1988	2001	4,791,413	6,573,391	137.19%	6,296,263	131.41%	4,651,967	-139,446	7,744,554	-1,171,163	6,257,396	0	38,867	0	-730,391	3,820	5,040,194	4,363	6,900,336	144.01%	95.262%	91.246%
1989	2001	5,828,575	6,583,502	112.95%	6,971,151	119.60%	5,654,732	-173,843	8,026,562	-1,443,060	6,829,179	1,480	140,492	0	-833,675	4,577	6,003,108	5,074	8,157,723	139.96%	80.703%	85.455%
1990	2001	3,298,114	4,650,802	141.01%	4,479,742	135.83%	3,241,565	-56,549	4,761,743	-110,941	4,437,235	0	42,507	0	-106,488	2,213	3,527,906	2,445	4,062,289	123.17%	114.487%	110.276%
1991	2001	2,557,559	2,509,422	98.12%	3,638,033	142.25%	2,530,930	-26,629	2,871,532	-362,110	3,461,873	4,495	171,665	0	259,304	1,631	2,728,824	1,778	2,848,722	111.38%	88.089%	127.708%
1992	2001	1,523,134	1,863,168	122.32%	1,778,436	116.76%	1,504,853	-18,281	1,545,853	317,315	1,704,764	0	73,672	0	412,904	1,096	1,645,561	1,205	1,444,554	94.84%	128.979%	123.113%
1993	2001	1,108,145	1,316,766	118.83%	988,131	89.17%	1,132,210	24,065	1,013,929	302,837	988,131	0	0	0	560,013	977	1,150,048	1,019	850,021	76.71%	154.910%	116.248%
1994	2001	1,252,090	1,331,102	106.31%	1,992,874	159.16%	1,259,729	7,639	778,933	552,169	1,945,916	1,860	45,098	0	691,886	1,138	1,324,100	1,181	816,265	65.19%	163.072%	244.145%
1995	2001	1,871,114	1,608,094	85.94%	2,334,335	124.76%	1,878,292	7,178	1,283,263	324,831	2,032,743	8,285	293,307	0	751,171	1,784	1,393,938	1,295	616,496	32.95%	260.844%	378.646%
1996	2001	2,961,874	2,473,897	83.52%	2,556,151	86.30%	2,923,408	-38,466	1,867,790	606,107	2,556,151	0	0	0	1,770,412	2,419	3,372,207	2,796	1,120,082	37.82%	220.867%	228.211%
1997	2001	7,181,947	3,066,228	42.69%	4,163,224	57.97%	7,111,692	-70,255	2,099,387	966,841	3,597,621	12,891	552,712	0	4,773,300	5,980	8,273,188	6,540	2,924,259	40.72%	104.855%	142.369%
1998	2001	10,247,310	3,275,447	31.96%	5,546,253	54.12%	10,119,003	-128,307	1,815,881	1,459,566	5,287,439	0	258,814	0	6,569,515	7,907	10,443,924	8,052	3,710,680	36.21%	88.271%	149.467%
1999	2001	11,126,509	4,114,812	36.98%	3,529,578	31.72%	11,028,220	-98,289	1,358,029	2,756,783	3,293,719	4,340	231,519	0	7,243,592	9,043	10,888,189	8,923	2,820,543	25.35%	145.887%	125.138%
2000	2001	17,671,535	2,645,507	14.97%	5,074,415	28.72%	17,738,757	67,222	593,847	2,051,660	4,522,270	4,480	547,665	0	6,513,083	13,537	17,062,892	13,363	2,860,831	16.19%	92.473%	177.376%
2001	2001	12,183,564	1,172,912	9.63%	2,828,855	23.22%	17,662,220	5,478,656	90,122	1,082,790	2,233,775	12,365	582,715	0	1,569,093	17,546	23,330,251	8,909	1,055,152	8.66%	111.160%	268.099%
Total	2001	83,606,833	43,185,027	51.65%	52,177,442	62.41%	88,441,112	4,834,279	35,851,425	7,333,602	49,148,213	50,196	2,979,033	0	29,441,118	73,672	96,199,572	66,956	40,192,826	48.07%	107.445%	129.818%
1987	2002	4,620	119	2.58%	0	0.00%	5,034	414	0	119	0	0	0	0	906	4	15,018	12	5,533	119.76%	2.151%	0.000%
1988	2002	4,643,909	7,459,769	160.64%	8,186,152	176.28%	4,503,938	-139,971	7,754,821	-295,052	8,053,228	2,564	130,360	0	-1,267,250	3,378	4,943,569	3,903	6,322,830	136.15%	117.981%	129.470%
1989	2002	5,679,984	7,198,250	126.73%	7,625,329	134.25%	5,564,705	-115,279	7,620,051	-421,801	7,450,070	0	175,259	0	-1,214,472	4,059	5,926,469	4,537	7,481,651	131.72%	96.212%	101.920%
1990	2002	3,273,729	3,398,952	103.83%	4,628,267	141.38%	3,220,505	-53,224	4,589,544	-1,190,592	4,405,630	3,330	219,307	0	-405,789	1,977	3,537,377	2,215	3,753,430	114.65%	90.556%	123.308%
1991	2002	2,584,163	3,420,090	132.35%	2,110,237	81.66%	2,535,795	-48,368	3,166,054	254,036	2,100,584	4,700	4,953	0	-20,405	1,484	2,778,871	1,642	2,720,457	105.27%	125.717%	77.569%
1992	2002	1,569,830	2,149,705	136.94%	2,247,852	143.19%	1,574,256	4,426	1,675,479	474,226	1,993,272	4,340	250,240	0	156,655	1,011	1,683,438	1,114	1,446,905	92.17%	148.573%	155.356%
1993	2002	1,170,439	1,170,832	100.03%	2,571,857	219.73%	1,153,765	-16,674	1,141,724	29,108	2,261,771	0	310,086	0	526,162	926	1,207,221	972	933,297	79.74%	125.451%	275.567%
1994	2002	1,310,466	1,599,474	122.05%	1,684,036	128.51%	1,316,688	6,222	1,134,640	464,834	1,401,866	1,550	280,620	0	685,727	1,078	1,362,853	1,119	898,997	68.60%	177.918%	187.324%
1995	2002	1,992,682	1,477,200	74.13%	1,944,736	97.59%	2,007,774	15,092	1,500,179	-22,979	1,678,891	9,510	256,335	0	1,110,374	1,709	1,457,446	1,244	1,446,543	72.59%	102.119%	134.440%
1996	2002	2,959,471	2,499,861	84.47%	2,565,052	86.67%	2,939,691	-19,780	2,081,247	418,614	2,335,549	4,300	225,203	0	2,162,410	2,300	3,322,768	2,681	1,703,011	57.54%	146.791%	150.619%
1997	2002	7,284,001	3,572,598	49.05%	3,659,012	50.23%	7,269,193	-14,808	2,812,450	760,148	3,580,972	2,480	75,560	0	4,527,060	5,631	8,276,312	6,228	3,383,925	46.46%	105.576%	108.129%
1998	2002	10,506,662	4,747,198	45.18%	5,641,606	53.70%	10,451,049	-55,613	3,247,637	1,499,561	5,250,793	10,190	380,622	0	6,284,170	7,428	10,396,394	7,588	4,218,885	40.15%	112.523%	133.723%
1999	2002	11,227,012	2,684,324	23.91%	4,750,694	42.31%	11,107,028	-119,984	2,161,507	522,817	4,014,346	13,524	722,824	0	7,230,050	8,335	10,721,415	8,250	3,648,506	32.50%	73.573%	130.209%
2000	2002	17,663,499	5,879,254	33.28%	5,919,597	33.51%	17,495,081	-168,418	1,736,344	4,142,910	4,742,429	17,530	1,159,638	0	11,652,926	12,257	16,595,621	12,111	3,970,990	22.48%	148.055%	149.071%
2001	2002	24,731,853	3,966,502	16.04%	5,099,634	20.62%	24,598,763	-133,090	1,002,404	2,964,098	4,184,516	9,554	905,564	0	8,360,218	16,558	23,843,110	16,731	4,160,500	16.82%	95.337%	122.573%
2002	2002	3,999,000	336,807	8.42%	83,332	2.08%	4,538,062	539,062	4,722	332,085	83,332	0	0	0	167,869	3,678	5,190,826	3,418	488,804	12.22%	68.904%	17.048%

LTC Policy and Riders - Medico/Medico Life Insurance Companies - Nationwide Experience for All Affected Policy Forms

Change in the active life reserve is NOT included in the Statement and Runout Claims

Valuation Date: 12/31/2007

ISSUE YEAR	EXPER YEAR	Earned Premium	Statement Incurred Claims	Loss Ratio	Runout Incurred Claims	Loss Ratio	Written Premium	Change In Unearned Prem	Paid Claims	Change In Claim Res	Paid Claims Allocated to Incurred Year	Claim Reserve as of 12/31/2007 Outstanding	Pending	IBNR	Change In ActLf Res	Policy Count	Gross Annualized Premium	Life Years	LR Expected Claims	Expected Loss Ratio	Statement Claims Act/Exp Ratio	Runout Claims Act/Exp Ratio
Total	2002	100,601,320	51,560,935	51.25%	58,717,393	58.37%	100,281,327	-319,993	41,628,803	9,932,132	53,537,249	83,572	5,096,571	0	39,956,611	71,813	101,258,708	73,765	46,584,264	46.31%	110.683%	126.046%
1987	2003	5,000	-115	-2.30%	0	0.00%	6,427	1,427	0	-115	0	0	0	0	404	4	14,368	12	5,845	116.90%	-1.967%	0.000%
1988	2003	4,430,700	7,532,580	170.01%	5,761,614	130.04%	4,342,132	-88,568	7,510,442	22,138	5,576,348	3,150	182,116	0	-1,464,072	2,939	4,798,290	3,446	5,907,458	133.33%	127.510%	97.531%
1989	2003	5,509,111	7,117,476	129.19%	6,047,944	109.78%	5,524,635	15,524	7,151,121	-33,645	5,897,389	1,800	148,755	0	-1,291,292	3,582	5,835,861	4,032	7,100,343	128.88%	100.241%	85.178%
1990	2003	3,166,477	4,847,009	153.07%	4,704,065	148.56%	3,164,091	-2,386	4,417,335	429,674	4,511,963	7,438	184,665	0	-434,687	1,751	3,486,765	1,982	3,589,937	113.37%	135.017%	131.035%
1991	2003	2,654,330	3,276,246	123.43%	3,243,560	122.20%	2,633,411	-20,919	2,916,788	359,458	2,989,478	9,925	244,157	0	-117,542	1,324	2,793,908	1,482	2,619,017	98.67%	125.094%	123.846%
1992	2003	1,592,433	2,521,924	158.37%	2,068,887	129.92%	1,602,159	9,726	1,854,212	667,712	1,869,946	6,820	192,121	0	201,269	933	1,726,428	1,033	1,460,657	91.72%	172.657%	141.641%
1993	2003	1,208,523	2,354,676	194.84%	1,792,611	148.33%	1,202,345	-6,178	1,412,506	942,170	1,611,244	6,735	174,632	0	-611,233	867	1,252,402	915	1,015,533	84.03%	231.866%	176.519%
1994	2003	1,354,414	1,640,157	121.10%	1,839,635	135.83%	1,375,501	21,087	1,175,662	464,495	1,508,422	6,023	325,190	0	-745,545	1,014	1,445,570	1,060	999,041	73.76%	164.173%	184.140%
1995	2003	2,110,511	3,636,405	172.30%	2,007,024	95.10%	2,142,161	31,650	1,843,549	1,792,856	1,778,498	8,200	220,326	0	-576,689	1,612	1,552,564	1,193	1,604,284	76.01%	226.668%	125.104%
1996	2003	3,047,299	3,144,237	103.18%	2,846,219	93.40%	3,071,040	23,741	2,178,048	966,189	2,453,248	3,181	389,791	0	-574,599	2,185	3,451,137	2,563	1,844,241	60.52%	170.489%	154.330%
1997	2003	7,493,810	7,318,667	97.66%	6,344,489	84.66%	7,600,472	106,662	3,583,099	3,735,568	5,253,954	30,961	1,059,573	0	99,454	5,329	8,785,924	5,942	3,603,860	48.09%	203.079%	176.047%
1998	2003	10,755,626	9,091,873	84.53%	7,102,203	66.03%	10,843,065	87,439	4,408,939	4,682,934	5,577,951	19,310	1,504,942	0	658,183	6,943	10,972,298	7,146	4,490,403	41.75%	202.473%	158.164%
1999	2003	11,462,127	8,206,840	71.60%	5,721,814	49.92%	11,587,670	125,543	3,026,201	5,180,639	4,453,746	13,602	1,254,466	0	2,430,210	7,714	11,170,226	7,704	3,892,226	33.96%	210.852%	147.006%
2000	2003	17,500,574	8,309,462	47.48%	7,069,584	40.40%	17,492,958	-7,616	3,136,285	5,173,177	5,784,661	23,093	1,261,830	0	5,273,008	11,000	16,850,473	11,027	4,463,028	25.50%	186.184%	158.403%
2001	2003	24,143,526	9,435,264	39.08%	6,741,653	27.92%	23,832,457	-311,069	2,334,034	7,101,230	5,383,369	15,712	1,342,572	0	10,713,560	14,315	23,201,306	14,655	4,781,201	19.80%	197.341%	141.003%
2002	2003	4,545,261	592,396	13.03%	836,452	18.40%	4,574,885	29,624	158,393	434,003	725,870	3,100	107,482	0	1,598,436	3,170	4,973,752	3,647	656,163	14.44%	90.282%	127.476%
2003	2003	6,704	243	3.62%	0	0.00%	9,460	2,756	0	243	0	0	0	0	3,547	6	7,826	0	686	10.23%	35.423%	0.000%
Total	2003	100,986,426	79,025,340	78.25%	64,127,754	63.50%	101,004,869	18,443	47,106,614	31,918,726	55,376,086	159,050	8,592,618	0	15,162,412	64,688	102,319,098	67,839	48,033,923	47.56%	164.520%	133.505%
1987	2004	5,705	1,162	20.37%	1,938	33.96%	5,705	0	0	1,162	1,920	0	0	18	566	4	5,705	4	6,647	116.51%	17.482%	29.150%
1988	2004	4,161,354	7,860,066	188.88%	5,891,667	141.58%	3,951,777	-209,577	6,867,872	992,194	5,540,645	7,093	325,407	18,523	-1,415,796	2,549	3,993,486	2,707	5,446,519	130.88%	144.314%	108.173%
1989	2004	5,227,910	8,364,674	160.00%	6,333,149	121.14%	4,919,963	-307,947	6,902,838	1,461,836	5,935,429	49,846	329,736	18,138	-1,410,362	3,151	5,019,581	3,319	6,696,618	128.09%	124.909%	94.572%
1990	2004	3,051,699	4,337,295	142.13%	3,153,821	103.35%	2,905,175	-146,524	4,175,688	161,607	2,736,542	13,248	395,745	8,286	-454,981	1,559	2,981,258	1,629	3,420,151	112.07%	126.816%	92.213%
1991	2004	2,541,414	4,225,410	166.26%	2,219,363	87.33%	2,476,528	-64,886	3,097,345	1,128,065	1,907,145	3,675	302,467	6,076	-88,697	1,202	2,478,073	1,257	2,578,975	101.48%	163.841%	86.056%
1992	2004	1,611,918	1,933,729	119.96%	1,570,184	97.41%	1,579,089	-32,829	1,828,196	105,533	1,139,958	12,845	414,177	3,204	190,822	869	1,584,135	898	1,486,518	92.22%	130.084%	105.628%
1993	2004	1,244,525	1,724,182	138.54%	1,210,839	97.29%	1,159,336	-85,189	1,781,005	-56,823	941,564	4,241	263,162	1,872	187,880	815	1,221,803	841	1,043,903	83.88%	165.167%	115.991%
1994	2004	1,384,087	1,806,639	130.53%	930,025	67.19%	1,301,400	-82,687	1,428,505	378,134	731,340	4,340	192,213	2,132	328,482	961	1,361,554	989	1,055,362	76.25%	171.187%	88.124%
1995	2004	2,164,572	2,647,573	122.31%	3,529,928	163.08%	2,116,413	-48,159	2,261,764	385,809	2,381,176	12,210	1,131,515	5,027	539,172	1,528	2,124,753	1,566	1,684,467	77.82%	157.176%	209.558%
1996	2004	3,085,352	2,799,507	90.74%	2,240,056	72.60%	3,049,442	-35,910	2,329,361	470,146	1,826,675	10,465	399,950	2,966	1,521,776	2,091	3,037,006	2,138	1,830,805	59.34%	152.911%	122.354%
1997	2004	7,660,489	5,248,091	68.51%	5,141,352	67.12%	7,532,371	-128,118	4,121,850	1,126,241	3,891,184	35,188	1,210,383	4,597	3,560,977	5,088	7,539,463	5,204	3,428,042	44.75%	153.093%	149.979%
1998	2004	10,976,443	6,002,475	54.69%	6,241,940	56.87%	10,818,278	-158,165	4,865,320	1,137,155	4,397,926	70,141	1,767,766	6,107	4,755,178	6,627	10,811,332	6,779	4,261,323	38.82%	140.859%	146.479%
1999	2004	11,624,934	4,077,435	35.07%	5,531,117	47.58%	11,515,356	-109,578	3,870,377	207,058	4,451,688	11,118	1,063,653	4,658	5,295,912	7,336	11,434,844	7,517	3,769,430	32.43%	108.171%	146.736%
2000	2004	17,599,032	6,349,627	36.08%	7,240,593	41.14%	17,409,639	-189,393	4,739,550	1,610,077	5,293,827	33,905	1,906,578	6,283	8,435,806	10,404	17,309,911	10,666	4,439,066	25.22%	143.040%	163.111%
2001	2004	23,848,118	4,692,619	19.68%	8,300,092	34.80%	23,789,200	-58,918	3,683,172	1,009,447	5,450,217	36,189	2,805,026	8,661	11,539,823	13,246	23,491,510	13,695	4,925,926	20.66%	95.264%	168.498%
2002	2004	4,534,369	842,840	18.59%	1,181,742	26.06%	4,534,046	-323	289,528	553,312	767,611	2,600	410,272	1,259	2,677,421	2,957	4,470,370	3,041	734,262	16.19%	114.787%	160.943%
2003	2004	10,829	158	1.46%	8	0.08%	8,330	-2,499	0	158	0	0	0	8	1,872	6	10,829	6	1,507	13.92%	10.484%	0.542%
2004	2004	2,590	150	5.79%	0	0.01%	9,267	6,677	0	150	0	0	0	0	-6,677	4	8,208	1	301	11.62%	49.834%	0.080%
Total	2004	100,735,340	62,913,632	62.45%	60,717,813	60.27%	99,081,315	-1,654,025	52,242,371	10,671,261	47,394,846	307,102	12,918,050	97,815	35,659,174	60,397	98,883,821	62,257	46,809,822	46.47%	134.403%	129.712%
1987	2005	3,744	7,800	208.33%	6,296	168.17%	1,789	-1,955	8,208	-408	6,288	0	0	9	-5,902	3	3,744	3	4,728	126.28%	164.975%	133.171%
1988	2005	3,602,301	3,631,842	100.82%	5,047,521	140.12%	3,331,651	-270,650	5,987,439	-2,355,597	3,951,612	45,080	1,017,345	33,484	-1,417,841	2,193	3,317,505	2,336	4,824,437	133.93%	75.280%	104.624%
1989	2005	4,600,725	5,765,734	125.32%	6,838,307	148.64%	4,345,096	-255,629	6,694,827	-929,093	5,540,171	111,703	1,152,606	33,828	-1,417,845	2,764	4,344,251	2,913	6,108,901	132.78%	94.383%	111.940%
1990	2005	2,748,451	3,401,351	123.76%	3,572,925	130.00%	2,646,800	-101,651	3,663,559	-262,208	2,793,083	25,205	738,923	15,714	-572,159	1,383	2,618,450	1,451	3,147,714	114.53%	108.058%	113.509%
1991	2005	2,224,381	1,641,351	73.79%	3,271,700	147.08%	2,142,270	-82,111	2,751,117	-1,109,766	2,180,127	37,193	1,042,641	11,739	-313,194	1,072	2,144,084	1,123	2,375,865	106.81%	69.084%	137.706%
1992	2005	1,444,660	1,487,688	102.98%	1,535,806	106.31%	1,389,182	-55,478	1,775,014	-287,326	957,633	10,097	561,706	6,370	-49,052	786	1,390,481	819	1,403,007	97.12%	106.036%	109.465%
1993	2005	1,043,679	1,382,847	132.50%	1,474,561	141.28%	1,063,560	19,881	1,594,902	-212,055	852,546	3,100	615,149	3,766	57,025	755	1,108,897	781	1,012,224	96.99%	136.615%	145.675%
1994	2005	1,195,839	1,492,548	124.81%	1,342,066	112.23%	1,211,489	15,650	1,294,821	197,727	799,297	1,985	536,223	4,561	209,753	910	1,269,209	926	1,057,766	88.45%	141.104%	126.877%
1995	2005	1,989,219	3,218,374	161.79%	3,908,983	196.51%	1,917,745	-71,474	2,446,058	772,316	2,295,127	29,502	1,573,630	10,725	290,941	1,436	1,969,653	1,473	1,708,298	85.88%	188.397%	228.823%
1996	2005	2,929,932	3,487,782	119.04%	3,203,722	109.34%	2,853,330	-76,602	2,725,516	762,266	2,222,098	32,719	942,379	6,526	1,336,522	1,999	2,851,190	2,043	1,819,865	62.11%	191.651%	176.042%
1997	2005	7,265,700	5,478,367	75.40%	5,686,137	78.26%	7,130,340	-135,360	4,450,816	1,027,551	3,284,836	58,682	2,332,532	10,087	3,041,755	4,859	7,088,477	4,958	3,169,527	43.62%	172.845%	179.400%
1998	2005	10,409,674	6,687,553	64.24%	7,441,983	71.49%	10,215,454	-194,220	5,501,815	1,185,738	4,545,859	61,864	2,821,230	13,030	3,877,521	6,311	10,105,654	6,449	3,905,812	37.52%	171.221%	190.536%
1999	2005	11,093,299	6,418,391	57.86%	4,982,790	44.92%	10,910,854	-182,445	4,711,109	1,707,282	3,352,624	28,802	1,591,099	10,266	4,615,404	6,969	10,807,146	7,125	3,509,551	31.64%	182.884%	141.978%

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Change in the active life reserve is NOT included in the Statement and Runout Claims

Valuation Date: 12/31/2007

ISSUE YEAR	EXPER YEAR	Earned Premium	Statement Incurred Claims	Loss Ratio	Runout Incurred Claims	Loss Ratio	Written Premium	Change In Unearned Prem	Paid Claims	Change In Claim Res	Paid Claims Allocated to Incurred Year	Claim Reserve as of 12/31/2007 Outstanding	Pending	IBNR	Change In ActLf Res	Policy Count	Gross Annualized Premium	Life Years	LR Expected Claims	Expected Loss Ratio	Statement Claims Act/Exp Ratio	Runout Claims Act/Exp Ratio
2000	2005	16,792,077	7,677,639	45.72%	8,189,426	48.77%	16,564,379	-227,698	5,718,311	1,959,328	4,571,472	47,733	3,555,991	14,230	8,280,407	9,960	16,514,786	10,158	4,313,382	25.69%	177.996%	189.861%
2001	2005	22,741,739	9,397,838	41.32%	10,989,773	48.32%	22,470,467	-271,272	5,452,800	3,945,038	6,214,485	52,306	4,703,622	19,360	11,338,668	12,515	22,190,812	12,821	4,842,395	21.29%	194.074%	226.949%
2002	2005	4,359,084	1,057,524	24.26%	927,376	21.27%	4,322,092	-36,992	565,603	491,921	565,885	1,500	357,024	2,966	2,449,188	2,796	4,255,256	2,862	774,965	17.78%	136.461%	119.667%
2003	2005	11,453	161	1.41%	20	0.18%	11,475	22	0	161	0	0	0	20	14,970	6	11,475	6	1,787	15.60%	9.010%	1.126%
2004	2005	8,208	148	1.80%	2	0.03%	8,208	0	0	148	0	0	0	2	37,179	4	8,208	4	489	5.96%	30.266%	0.464%
Total	2005	94,464,165	62,234,938	65.88%	68,419,396	72.43%	92,536,181	-1,927,984	55,341,915	6,893,023	44,133,141	547,471	23,542,100	196,684	31,773,340	56,721	91,999,278	58,251	43,980,713	46.56%	141.505%	155.567%
1987	2006	3,947	415	10.51%	102	2.58%	6,075	2,128	0	415	0	0	0	102	-927	3	3,940	3	6,570	166.46%	6.317%	1.550%
1988	2006	3,067,817	6,009,151	195.88%	4,501,441	146.73%	2,917,885	-149,932	5,452,474	556,677	2,633,141	64,125	1,716,208	87,967	-1,188,924	1,897	2,952,379	2,016	4,531,993	147.73%	132.594%	99.326%
1989	2006	4,020,963	6,151,411	152.98%	4,881,617	121.40%	3,833,217	-187,746	6,224,984	-73,573	2,556,626	78,046	2,139,397	107,549	-1,434,230	2,426	3,885,200	2,560	5,823,619	144.83%	105.629%	83.824%
1990	2006	2,470,360	3,853,280	155.98%	3,578,202	144.85%	2,388,586	-81,774	3,903,668	-50,388	1,711,051	24,128	1,786,514	56,509	-526,744	1,240	2,407,721	1,299	3,105,356	125.70%	124.085%	115.227%
1991	2006	2,009,774	2,526,321	125.70%	2,051,781	102.09%	1,932,980	-76,794	2,636,089	-109,768	1,009,369	16,415	983,022	42,975	-440,707	956	1,950,154	1,011	2,363,332	117.59%	106.897%	86.817%
1992	2006	1,320,663	2,223,109	168.33%	1,535,664	116.28%	1,303,218	-17,445	1,746,427	476,682	702,503	4,950	802,137	26,074	-92,252	713	1,328,680	742	1,449,785	109.78%	153.341%	105.924%
1993	2006	1,034,862	1,891,643	182.79%	1,612,547	155.82%	1,026,769	-8,093	1,596,219	295,424	583,951	15,230	993,840	19,526	164,830	709	1,106,276	732	1,099,672	106.26%	172.019%	146.639%
1994	2006	1,167,791	1,938,374	165.99%	1,604,458	137.39%	1,151,530	-16,261	1,426,004	512,370	664,377	17,990	900,847	21,245	128,172	847	1,259,509	875	1,184,906	101.47%	163.589%	135.408%
1995	2006	1,863,965	4,004,128	214.82%	2,452,628	131.58%	1,876,948	12,983	2,734,829	1,269,299	1,087,796	31,759	1,295,469	37,605	70,931	1,360	2,028,089	1,398	1,912,942	102.63%	209.318%	128.212%
1996	2006	2,746,516	2,526,045	91.97%	2,498,070	90.95%	2,648,912	-97,604	2,755,017	-228,972	995,258	28,731	1,437,487	36,594	306,826	1,882	2,829,842	1,937	2,069,880	75.36%	122.038%	120.687%
1997	2006	7,075,772	6,919,636	97.79%	5,628,024	79.54%	7,058,752	-17,020	4,956,997	1,962,639	2,347,696	47,725	3,170,271	62,332	3,007,822	4,637	7,325,684	4,748	3,575,023	50.52%	193.555%	157.426%
1998	2006	9,968,769	8,254,573	82.80%	7,432,159	74.55%	9,926,922	-41,847	5,907,015	2,347,558	2,658,394	85,262	4,613,291	75,213	3,575,515	5,966	10,318,991	6,135	4,299,253	43.13%	192.000%	172.871%
1999	2006	10,756,781	6,649,650	61.82%	7,322,395	68.07%	10,755,901	-880	5,053,580	1,596,070	2,967,541	61,899	4,224,333	68,622	4,794,607	6,644	11,235,824	6,806	3,961,594	36.83%	167.853%	184.835%
2000	2006	16,471,155	9,762,349	59.27%	9,913,872	60.19%	16,451,209	-19,946	6,299,788	3,462,561	3,396,906	121,005	6,306,170	89,791	8,085,560	9,504	17,311,933	9,737	5,105,943	31.00%	191.196%	194.163%
2001	2006	22,158,243	11,951,191	53.94%	9,896,064	44.66%	22,105,680	-52,563	6,763,164	5,188,027	3,699,016	91,972	6,000,151	104,925	10,814,072	11,878	23,206,659	12,209	5,790,462	26.13%	206.394%	170.903%
2002	2006	4,256,090	1,349,187	31.70%	1,072,990	25.21%	4,311,972	55,882	726,790	622,397	456,918	5,208	594,760	16,104	2,462,607	2,657	4,372,913	2,726	904,490	21.25%	149.165%	118.629%
2003	2006	11,170	168	1.50%	53	0.47%	11,203	33	0	168	0	0	0	53	13,528	6	11,881	6	2,272	20.34%	7.394%	2.325%
2004	2006	8,222	342	4.16%	33	0.40%	8,208	-14	0	342	0	0	0	33	56,654	4	8,208	4	1,806	21.97%	18.937%	1.825%
Total	2006	90,412,860	76,010,973	84.07%	65,982,099	72.98%	89,715,967	-696,893	58,183,045	17,827,928	27,470,543	694,443	36,963,897	853,217	29,797,340	53,329	93,543,883	54,944	47,188,898	52.19%	161.078%	139.825%
1987	2007	3,928	-127	-3.23%	1,694	43.11%	4,120	192	0	-127	0	0	0	1,694	-179	3	4,120	3	5,647	143.76%	-2.249%	29.990%
1988	2007	2,709,023	4,513,254	166.60%	5,321,448	196.43%	2,533,908	-175,115	5,187,650	-674,396	752,107	63,091	3,358,644	1,147,606	-1,230,647	1,626	2,567,532	1,738	4,135,514	152.66%	109.134%	128.677%
1989	2007	3,565,602	5,000,705	140.25%	5,399,324	151.43%	3,391,430	-174,172	5,897,473	-896,768	776,890	57,954	3,060,704	1,503,776	-1,407,478	2,093	3,412,054	2,215	5,342,739	149.84%	93.598%	101.059%
1990	2007	2,253,118	3,131,298	138.98%	2,738,444	121.54%	2,171,185	-81,933	3,597,375	-466,077	349,429	36,965	1,524,870	827,180	-740,705	1,086	2,140,961	1,153	2,922,999	129.73%	107.126%	93.686%
1991	2007	1,807,060	2,385,836	132.03%	2,229,586	123.38%	1,722,465	-84,595	2,694,525	-308,689	261,541	61,370	1,282,401	624,274	-496,386	847	1,740,520	892	2,204,100	121.97%	108.245%	101.156%
1992	2007	1,270,963	1,965,043	154.61%	1,816,668	142.94%	1,231,805	-39,158	2,059,073	-94,030	242,652	11,918	1,139,784	422,314	-69,000	650	1,238,555	677	1,449,139	114.02%	135.601%	125.362%
1993	2007	1,029,230	1,608,430	156.28%	1,057,364	102.73%	1,006,186	-23,044	1,526,189	82,241	57,839	11,080	655,935	332,510	-40,053	658	1,074,173	678	1,121,087	108.92%	143.471%	94.316%
1994	2007	1,153,723	1,387,262	120.24%	1,611,557	139.68%	1,154,679	956	1,520,129	-132,867	205,629	14,652	1,034,872	356,404	-23,262	789	1,237,961	811	1,197,749	103.82%	115.822%	134.549%
1995	2007	1,898,089	2,759,785	145.40%	1,859,527	97.97%	1,895,018	-3,071	3,021,775	-261,990	194,489	3,670	1,069,070	592,298	110,040	1,279	2,017,238	1,313	1,931,338	101.75%	142.895%	96.282%
1996	2007	2,654,096	3,018,077	113.71%	2,866,354	108.00%	2,666,711	12,615	2,624,380	393,697	350,524	31,330	1,829,957	654,543	869,515	1,804	2,862,376	1,836	2,133,776	80.40%	141.443%	134.332%
1997	2007	7,188,006	7,504,825	104.41%	6,204,351	86.32%	7,211,909	23,903	5,783,189	1,721,636	729,918	49,379	4,283,697	1,141,356	2,875,826	4,398	7,379,958	4,499	3,708,644	51.59%	202.360%	167.294%
1998	2007	10,289,805	8,287,812	80.54%	6,737,479	65.48%	10,326,471	36,666	6,652,438	1,635,374	832,251	57,946	4,493,518	1,353,764	3,946,207	5,693	10,285,363	5,813	4,402,785	42.79%	188.240%	153.028%
1999	2007	11,177,238	7,754,094	69.37%	6,558,011	58.67%	11,150,911	-26,327	6,220,214	1,533,880	711,719	81,751	4,491,272	1,273,269	4,185,783	6,318	11,179,832	6,463	4,120,843	36.87%	188.168%	159.142%
2000	2007	17,296,564	11,149,770	64.46%	7,860,217	45.44%	17,394,505	97,941	7,967,434	3,182,336	907,798	66,023	5,192,673	1,693,724	7,554,980	9,100	17,363,824	9,280	5,459,693	31.57%	204.220%	143.968%
2001	2007	23,124,465	14,652,133	63.36%	11,342,616	49.05%	23,220,417	95,952	9,088,562	5,563,571	1,182,469	68,019	8,145,670	1,946,458	10,364,589	11,366	23,175,018	11,592	6,307,462	27.28%	232.298%	179.829%
2002	2007	4,417,321	1,933,101	43.76%	1,999,221	45.26%	4,389,948	-27,373	999,225	933,876	134,523	23,705	1,540,233	300,760	2,325,987	2,551	4,452,229	2,588	997,714	22.59%	193.753%	200.380%
2003	2007	12,727	190	1.49%	839	6.59%	12,746	19	0	190	0	0	0	839	6,838	6	12,746	6	2,876	22.60%	6.606%	29.162%
2004	2007	8,502	203	2.39%	809	9.51%	6,806	-1,696	0	203	0	0	0	809	12,598	4	9,928	4	794	9.34%	25.567%	101.855%
Total	2007	91,859,460	77,051,691	83.88%	65,605,506	71.42%	91,491,220	-368,240	64,839,631	12,212,060	7,689,778	638,853	43,103,300	14,173,575	28,244,653	50,271	92,154,388	51,561	47,444,899	51.65%	162.402%	138.277%
Grand	Total	1,214,946,697	754,992,393	62.14%	755,285,138	62.17%	1,236,657,419	21,710,722	600,735,970	154,256,423	601,153,335	2,540,764	136,269,749	15,321,290	331,241,322			728,616	613,068,954	50.46%	123.150%	123.197%
Present Value - 4.50%																						
Grand	Total	1,719,864,883	1,022,451,206	59.45%	959,986,408	55.82%	1,766,596,589	46,731,707	805,854,606	216,596,600					439,397,297				858,479,899	49.92%	119.100%	111.824%

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Change in the active life reserve is NOT included in the Statement and Runout Claims

Valuation Date: 12/31/2007

ISSUE YEAR	EXPER YEAR	Earned Premium	Statement Incurred Claims	Loss Ratio	Runout Incurred Claims	Loss Ratio	Written Premium	Change In Unearned Prem	Paid Claims	Change In Claim Res	Paid Claims Allocated to Incurred Year	Claim Reserve as of 12/31/2007 Outstanding	Pending	IBNR	Change In ActLf Res	Policy Count	Gross Annualized Premium	Life Years	LR Expected Claims	Expected Loss Ratio	Statement Claims Act/Exp Ratio	Runout Claims Act/Exp Ratio
1988	1988	26,139	3,395	12.99%	0	0.00%	55,073	28,934	0	3,395	0	0	0	0	0	60	0	0	6,268	23.98%	54.164%	0.000%
Total	1988	26,139	3,395	12.99%	0	0.00%	55,073	28,934	0	3,395	0	0	0	0	0	60	0	0	6,268	23.98%	54.164%	0.000%
1988	1989	40,275	11,779	29.25%	0	0.00%	22,866	-17,409	0	11,779	0	0	0	0	0	34	0	0	10,456	25.96%	112.653%	0.000%
1989	1989	24,114	4,605	19.10%	0	0.00%	43,174	19,060	0	4,605	0	0	0	0	0	54	0	0	5,922	24.56%	77.761%	0.000%
Total	1989	64,389	16,384	25.45%	0	0.00%	66,040	1,651	0	16,384	0	0	0	0	0	88	0	0	16,378	25.44%	100.037%	0.000%
1988	1990	21,762	-11,417	-52.46%	0	0.00%	19,950	-1,812	0	-11,417	0	0	0	0	4,935	27	0	0	8,514	39.12%	-134.097%	0.000%
1989	1990	35,121	14,027	39.94%	19,074	54.31%	23,392	-11,729	2,250	11,777	19,074	0	0	0	262	38	0	0	9,321	26.54%	150.488%	204.636%
1990	1990	13,386	1,646	12.30%	0	0.00%	21,220	7,834	0	1,646	0	0	0	0	0	20	0	0	2,677	20.00%	61.487%	0.000%
Total	1990	70,269	4,256	6.06%	19,074	27.14%	64,562	-5,707	2,250	2,006	19,074	0	0	0	5,197	85	0	0	20,512	29.19%	20.749%	92.990%
1988	1991	16,395	-1,710	-10.43%	0	0.00%	14,096	-2,299	0	-1,710	0	0	0	0	6,320	20	0	0	8,107	49.45%	-21.093%	0.000%
1989	1991	20,909	2,978	14.24%	0	0.00%	19,598	-1,311	16,824	-13,846	0	0	0	0	5,916	32	0	0	7,889	37.73%	37.749%	0.000%
1990	1991	18,253	-220	-1.21%	0	0.00%	15,814	-2,439	0	-220	0	0	0	0	0	14	0	0	5,007	27.43%	-4.394%	0.000%
1991	1991	3,768	366	9.71%	0	0.00%	6,290	2,522	0	366	0	0	0	0	0	5	0	0	408	10.83%	89.706%	0.000%
Total	1991	59,325	1,414	2.38%	0	0.00%	55,798	-3,527	16,824	-15,410	0	0	0	0	12,236	71	0	0	21,411	36.09%	6.604%	0.000%
1988	1992	14,665	-157	-1.07%	0	0.00%	14,411	-254	0	-157	0	0	0	0	5,966	15	0	0	9,158	62.45%	-1.714%	0.000%
1989	1992	16,115	15,431	95.76%	30,388	188.57%	14,117	-1,998	12,268	3,163	30,388	0	0	0	6,744	19	0	0	7,389	45.85%	208.837%	411.254%
1990	1992	13,774	294	2.13%	0	0.00%	13,072	-702	0	294	0	0	0	0	3,318	14	0	0	5,219	37.89%	5.633%	0.000%
1991	1992	4,061	-85	-2.09%	0	0.00%	2,137	-1,924	0	-85	0	0	0	0	0	5	0	0	739	18.20%	-11.502%	0.000%
1992	1992	1,572	128	8.14%	0	0.00%	1,811	239	0	128	0	0	0	0	0	2	0	0	433	27.54%	29.561%	0.000%
Total	1992	50,187	15,611	31.11%	30,388	60.55%	45,548	-4,639	12,268	3,343	30,388	0	0	0	16,028	55	0	0	22,938	45.71%	68.057%	132.477%
1988	1993	11,834	34,199	288.99%	48,402	409.01%	10,660	-1,174	7,987	26,212	48,402	0	0	0	4,060	13	0	0	8,815	74.49%	387.964%	549.084%
1989	1993	14,519	14,548	100.20%	0	0.00%	13,993	-526	18,120	-3,572	0	0	0	0	6,022	17	0	0	7,444	51.27%	195.433%	0.000%
1990	1993	12,097	65	0.54%	0	0.00%	11,125	-972	0	65	0	0	0	0	4,287	12	0	0	6,107	50.48%	1.064%	0.000%
1991	1993	4,046	281	6.95%	0	0.00%	4,046	0	0	281	0	0	0	0	1,820	5	0	0	1,588	39.25%	17.695%	0.000%
1992	1993	2,245	50	2.23%	0	0.00%	2,233	-12	0	50	0	0	0	0	480	2	0	0	834	37.15%	5.995%	0.000%
1993	1993	5,949	180	3.03%	0	0.00%	11,991	6,042	0	180	0	0	0	0	0	12	0	0	1,158	19.47%	15.544%	0.000%
Total	1993	50,690	49,323	97.30%	48,402	95.49%	54,048	3,358	26,107	23,216	48,402	0	0	0	16,669	61	0	0	25,946	51.19%	190.099%	186.548%
1988	1994	11,046	9,006	81.53%	0	0.00%	10,434	-612	17,907	-8,901	0	0	0	0	1,841	12	0	0	9,312	84.30%	96.714%	0.000%
1989	1994	12,723	-37	-0.29%	0	0.00%	12,723	0	0	-37	0	0	0	0	6,858	17	0	0	6,601	51.88%	-0.561%	0.000%
1990	1994	11,152	152	1.36%	0	0.00%	11,450	298	0	152	0	0	0	0	4,696	12	0	0	6,514	58.41%	2.333%	0.000%
1991	1994	4,046	24	0.59%	0	0.00%	3,960	-86	0	24	0	0	0	0	3,665	5	0	0	2,127	52.57%	1.128%	0.000%
1992	1994	2,240	196	8.75%	0	0.00%	2,046	-194	0	196	0	0	0	0	964	2	0	0	1,187	52.99%	16.512%	0.000%
1993	1994	13,988	783	5.60%	0	0.00%	14,852	864	0	783	0	0	0	0	2,710	11	0	0	3,212	22.96%	24.377%	0.000%
1994	1994	2,379	65	2.73%	0	0.00%	4,354	1,975	0	65	0	0	0	0	0	7	0	0	406	17.07%	16.010%	0.000%
Total	1994	57,574	10,189	17.70%	0	0.00%	59,819	2,245	17,907	-7,718	0	0	0	0	20,734	66	0	0	29,359	50.99%	34.705%	0.000%
1988	1995	10,434	4,673	44.79%	0	0.00%	10,434	0	14,267	-9,594	0	0	0	0	3,707	12	0	0	9,935	95.22%	47.036%	0.000%
1989	1995	12,732	20,227	158.87%	16,012	125.76%	12,321	-411	11,949	8,278	16,012	0	0	0	5,696	16	0	0	7,758	60.93%	260.724%	206.393%
1990	1995	11,003	58,099	528.03%	78,747	715.69%	11,166	163	20,038	38,061	78,747	0	0	0	4,513	12	0	0	7,425	67.48%	782.478%	1060.565%
1991	1995	4,046	90	2.22%	0	0.00%	4,046	0	0	90	0	0	0	0	3,732	5	0	0	2,280	56.35%	3.947%	0.000%
1992	1995	2,249	46	2.05%	0	0.00%	2,249	0	0	46	0	0	0	0	970	2	0	0	1,545	68.70%	2.977%	0.000%
1993	1995	11,965	852	7.12%	0	0.00%	9,359	-2,606	0	852	0	0	0	0	4,638	10	0	0	3,944	32.96%	21.602%	0.000%
1994	1995	3,738	129	3.45%	0	0.00%	2,333	-1,405	0	129	0	0	0	0	1,306	6	0	0	621	16.61%	20.773%	0.000%
1995	1995	1,549	2	0.13%	0	0.00%	1,892	343	0	2	0	0	0	0	0	1	0	0	319	20.59%	0.627%	0.000%
Total	1995	57,716	84,118	145.74%	94,759	164.18%	53,800	-3,916	46,254	37,864	94,759	0	0	0	24,562	64	0	0	33,827	58.61%	248.671%	280.128%
1988	1996	9,442	430	4.55%	-158	-1.67%	7,596	-1,846	8,082	-7,652	-158	0	0	0	-2,157	9	7,607	16	9,931	105.18%	4.330%	-1.587%
1989	1996	10,932	-4,206	-38.47%	0	0.00%	10,710	-222	4,063	-8,269	0	0	0	0	4,506	15	10,809	23	7,365	67.37%	-57.108%	0.000%
1990	1996	10,843	21,275	196.21%	7,358	67.86%	10,824	-19	33,842	-12,567	7,358	0	0	0	4,310	12	10,862	15	8,435	77.79%	252.223%	87.237%

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Change in the active life reserve is NOT included in the Statement and Runout Claims

Valuation Date: 12/31/2007

ISSUE YEAR	EXPER YEAR	Earned Premium	Statement Incurred Claims	Loss Ratio	Runout Incurred Claims	Loss Ratio	Written Premium	Change In Unearned Prem	Paid Claims	Change In Claim Res	Paid Claims Allocated to Incurred Year	Claim Reserve as of 12/31/2007 Outstanding	Pending	IBNR	Change In ActLf Res	Policy Count	Gross Annualized Premium	Life Years	LR Expected Claims	Expected Loss Ratio	Statement Claims Act/Exp Ratio	Runout Claims Act/Exp Ratio
1991	1996	4,046	37	0.91%	0	0.00%	3,960	-86	0	37	0	0	0	0	3,837	5	4,046	6	2,500	61.79%	1.480%	0.000%
1992	1996	2,249	21	0.93%	0	0.00%	2,249	0	0	21	0	0	0	0	966	2	2,249	5	1,847	82.13%	1.137%	0.000%
1993	1996	11,139	18,049	162.03%	0	0.00%	13,116	1,977	0	18,049	0	0	0	0	4,875	10	11,136	12	4,690	42.10%	384.840%	0.000%
1994	1996	2,930	358	12.22%	0	0.00%	2,930	0	0	358	0	0	0	0	1,496	4	2,333	5	614	20.96%	58.306%	0.000%
1995	1996	2,047	24	1.17%	0	0.00%	2,022	-25	0	24	0	0	0	0	214	1	1,908	1	437	21.35%	5.492%	0.000%
1996	1996	292	16	5.48%	0	0.00%	487	195	0	16	0	0	0	0	0	4	2,094	0	46	15.75%	34.783%	0.000%
Total	1996	53,920	36,004	66.77%	7,201	13.35%	53,894	-26	45,987	-9,983	7,201	0	0	0	18,047	62	53,044	83	35,865	66.52%	100.388%	20.078%
1988	1997	7,619	-395	-5.18%	0	0.00%	7,607	-12	0	-395	0	0	0	0	2,139	9	7,607	13	8,614	113.06%	-4.586%	0.000%
1989	1997	10,813	74	0.68%	0	0.00%	10,809	-4	0	74	0	0	0	0	4,870	15	10,809	23	8,325	76.99%	0.889%	0.000%
1990	1997	10,448	53,018	507.45%	68,456	655.21%	10,043	-405	35,894	17,124	68,456	0	0	0	3,967	11	10,396	14	9,223	88.28%	574.845%	742.232%
1991	1997	4,050	80	1.98%	0	0.00%	4,132	82	0	80	0	0	0	0	4,309	5	4,046	6	2,718	67.11%	2.943%	0.000%
1992	1997	2,253	6	0.27%	0	0.00%	2,354	101	0	6	0	0	0	0	1,082	2	2,249	5	2,152	95.52%	0.279%	0.000%
1993	1997	11,142	-17,769	-159.48%	0	0.00%	11,126	-16	0	-17,769	0	0	0	0	4,872	10	11,126	12	5,608	50.33%	-316.851%	0.000%
1994	1997	2,335	-88	-3.77%	0	0.00%	2,333	-2	0	-88	0	0	0	0	1,925	4	2,333	4	591	25.31%	-14.890%	0.000%
1995	1997	1,913	358	18.71%	0	0.00%	1,908	-5	0	358	0	0	0	0	420	1	1,908	1	509	26.61%	70.334%	0.000%
1996	1997	2,135	69	3.23%	0	0.00%	1,940	-195	0	69	0	0	0	0	2,353	4	2,094	7	231	10.82%	29.870%	0.000%
1997	1997	3,411	195	5.72%	0	0.00%	4,877	1,466	0	195	0	0	0	0	0	12	9,451	4	908	26.62%	21.476%	0.000%
Total	1997	56,119	35,548	63.34%	68,456	121.98%	57,129	1,010	35,894	-346	68,456	0	0	0	25,937	73	62,019	89	38,879	69.28%	91.432%	176.075%
1988	1998	7,613	225	2.96%	0	0.00%	7,607	-6	0	225	0	0	0	0	-482	9	7,607	13	8,734	114.72%	2.576%	0.000%
1989	1998	10,427	132	1.27%	0	0.00%	10,426	-1	0	132	0	0	0	0	5,870	14	9,770	23	8,760	84.01%	1.507%	0.000%
1990	1998	8,647	13,791	159.49%	0	0.00%	8,188	-459	24,349	-10,558	0	0	0	0	5,411	10	8,127	13	8,468	97.93%	162.860%	0.000%
1991	1998	3,906	14	0.36%	0	0.00%	3,865	-41	0	14	0	0	0	0	2,535	5	3,865	6	2,944	75.37%	0.476%	0.000%
1992	1998	2,250	57	2.53%	0	0.00%	2,711	461	0	57	0	0	0	0	1,951	2	2,249	5	1,580	70.22%	3.608%	0.000%
1993	1998	11,130	38	0.34%	0	0.00%	11,126	-4	0	38	0	0	0	0	4,901	10	11,126	12	6,359	57.13%	0.598%	0.000%
1994	1998	2,333	56	2.40%	0	0.00%	2,333	0	0	56	0	0	0	0	1,760	4	2,333	4	701	30.05%	7.989%	0.000%
1995	1998	1,908	56	2.94%	0	0.00%	1,908	0	0	56	0	0	0	0	399	1	1,908	1	422	22.12%	13.270%	0.000%
1996	1998	2,094	316	15.09%	0	0.00%	2,094	0	0	316	0	0	0	0	2,306	4	2,094	7	251	11.99%	125.896%	0.000%
1997	1998	10,182	373	3.66%	0	0.00%	10,439	257	0	373	0	0	0	0	3,462	12	10,028	14	1,559	15.31%	23.926%	0.000%
1998	1998	2,980	129	4.33%	0	0.00%	4,912	1,932	0	129	0	0	0	0	0	8	4,299	7	371	12.45%	34.771%	0.000%
Total	1998	63,470	15,187	23.93%	0	0.00%	65,609	2,139	24,349	-9,162	0	0	0	0	28,113	79	63,406	105	40,149	63.26%	37.827%	0.000%
1988	1999	6,367	27,723	435.42%	57,088	896.63%	6,481	114	3,500	24,223	57,088	0	0	0	763	8	6,242	12	10,048	157.81%	275.906%	568.155%
1989	1999	9,249	-539	-5.83%	0	0.00%	9,468	219	0	-539	0	0	0	0	2,478	13	9,151	20	10,387	112.30%	-5.189%	0.000%
1990	1999	8,254	5,668	68.67%	0	0.00%	8,115	-139	26,819	-21,151	0	0	0	0	3,963	10	8,353	13	10,673	129.31%	53.106%	0.000%
1991	1999	3,527	-167	-4.73%	0	0.00%	3,417	-110	0	-167	0	0	0	0	-3,694	4	3,417	4	3,674	104.17%	-4.545%	0.000%
1992	1999	2,250	-77	-3.42%	0	0.00%	1,789	-461	0	-77	0	0	0	0	1,063	2	2,249	5	2,290	101.78%	-3.362%	0.000%
1993	1999	11,149	-258	-2.31%	0	0.00%	10,971	-178	0	-258	0	0	0	0	3,936	10	11,191	12	7,162	64.24%	-3.602%	0.000%
1994	1999	2,331	-78	-3.35%	0	0.00%	2,333	2	0	-78	0	0	0	0	1,878	4	2,333	4	823	35.31%	-9.478%	0.000%
1995	1999	940	-257	-27.34%	0	0.00%	627	-313	0	-257	0	0	0	0	-1,033	0	0	0	244	25.96%	-105.328%	0.000%
1996	1999	1,937	-75	-3.87%	0	0.00%	1,937	0	0	-75	0	0	0	0	1,419	3	1,621	7	338	17.45%	-22.189%	0.000%
1997	1999	10,026	1,119	11.16%	0	0.00%	10,028	2	0	1,119	0	0	0	0	7,391	12	10,028	14	2,242	22.36%	49.911%	0.000%
1998	1999	4,341	36	0.83%	0	0.00%	3,663	-678	0	36	0	0	0	0	2,514	8	4,353	10	733	16.89%	4.911%	0.000%
1999	1999	7,927	185	2.33%	0	0.00%	9,142	1,215	0	185	0	0	0	0	0	25	31,029	10	1,050	13.25%	17.619%	0.000%
Total	1999	68,298	33,280	48.73%	57,088	83.59%	67,971	-327	30,319	2,961	57,088	0	0	0	20,678	99	89,967	111	49,664	72.72%	67.010%	114.949%
1988	2000	6,287	46,814	744.62%	2,500	39.76%	5,681	-606	20,956	25,858	2,500	0	0	0	1,456	8	6,329	12	10,887	173.17%	429.999%	22.963%
1989	2000	9,170	172	1.88%	0	0.00%	8,658	-512	0	172	0	0	0	0	4,602	13	9,208	20	11,786	128.53%	1.459%	0.000%
1990	2000	8,278	2,609	31.52%	0	0.00%	7,841	-437	11,760	-9,151	0	0	0	0	3,485	10	8,233	13	12,086	146.00%	21.587%	0.000%
1991	2000	3,418	18	0.53%	0	0.00%	3,417	-1	0	18	0	0	0	0	21,890	4	3,417	4	4,160	121.71%	0.433%	0.000%
1992	2000	2,249	58	2.58%	0	0.00%	2,249	0	0	58	0	0	0	0	1,055	2	2,249	5	2,628	116.85%	2.207%	0.000%
1993	2000	11,197	33,771	301.61%	45,459	405.99%	11,135	-62	8,248	25,523	45,459	0	0	0	5,022	10	11,193	12	8,089	72.24%	417.493%	561.983%
1994	2000	2,335	59	2.53%	0	0.00%	2,333	-2	0	59	0	0	0	0	1,980	4	2,333	4	968	41.46%	6.095%	0.000%

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Change in the active life reserve is NOT included in the Statement and Runout Claims

Valuation Date: 12/31/2007

ISSUE YEAR	EXPER YEAR	Earned Premium	Statement Incurred Claims	Loss Ratio	Runout Incurred Claims	Loss Ratio	Written Premium	Change In Unearned Prem	Paid Claims	Change In Claim Res	Paid Claims Allocated to Incurred Year	Claim Reserve as of 12/31/2007 Outstanding	Pending	IBNR	Change In ActLf Res	Policy Count	Gross Annualized Premium	Life Years	LR Expected Claims	Expected Loss Ratio	Statement Claims Act/Exp Ratio	Runout Claims Act/Exp Ratio
1995	2000	0	-183	0.00%	0	0.00%	0	0	0	-183	0	0	0	0	0	0	0	0	0	0.00%	0.000%	0.000%
1996	2000	1,621	-49	-3.02%	0	0.00%	1,621	0	0	-49	0	0	0	0	2,734	3	1,621	5	362	22.33%	-13.536%	0.000%
1997	2000	10,030	23	0.23%	0	0.00%	10,028	-2	0	23	0	0	0	0	8,370	12	10,028	14	3,268	32.58%	0.704%	0.000%
1998	2000	4,339	572	13.18%	0	0.00%	4,142	-197	0	572	0	0	0	0	5,360	8	4,359	10	1,135	26.16%	50.396%	0.000%
1999	2000	35,227	926	2.63%	0	0.00%	35,220	-7	0	926	0	0	0	0	13,978	29	34,055	42	4,668	13.25%	19.837%	0.000%
2000	2000	41,846	871	2.08%	0	0.00%	48,307	6,461	0	871	0	0	0	0	0	74	88,488	45	5,883	14.06%	14.805%	0.000%
Total	2000	135,997	85,661	62.99%	47,959	35.26%	140,632	4,635	40,964	44,697	47,959	0	0	0	69,932	177	181,513	186	65,920	48.47%	129.947%	72.753%
1988	2001	6,329	-23,132	-365.49%	0	0.00%	6,329	0	19,739	-42,871	0	0	0	0	1,084	8	6,329	8	12,377	195.56%	-186.895%	0.000%
1989	2001	8,270	-36	-0.44%	0	0.00%	7,899	-371	0	-36	0	0	0	0	-4,352	10	7,237	14	12,233	147.92%	-0.294%	0.000%
1990	2001	7,241	-76	-1.05%	0	0.00%	7,089	-152	1,860	-1,936	0	0	0	0	-1,180	9	6,238	7	12,788	176.61%	-0.594%	0.000%
1991	2001	3,315	2	0.06%	0	0.00%	3,213	-102	0	2	0	0	0	0	4,824	3	2,636	4	4,273	128.90%	0.047%	0.000%
1992	2001	2,180	32	1.47%	0	0.00%	2,046	-134	0	32	0	0	0	0	-874	1	1,843	2	2,481	113.81%	1.290%	0.000%
1993	2001	11,215	9,429	84.07%	0	0.00%	10,380	-835	20,990	-11,561	0	0	0	0	5,244	10	11,261	10	8,823	78.67%	106.868%	0.000%
1994	2001	1,917	-27	-1.41%	0	0.00%	1,917	0	0	-27	0	0	0	0	84	3	1,859	3	721	37.61%	-3.745%	0.000%
1996	2001	1,621	-3	-0.19%	0	0.00%	1,621	0	0	-3	0	0	0	0	2,638	3	1,621	3	528	32.57%	-0.568%	0.000%
1997	2001	9,999	-25	-0.25%	0	0.00%	9,999	0	0	-25	0	0	0	0	8,230	12	9,939	12	3,384	33.84%	-0.739%	0.000%
1998	2001	4,307	-13	-0.30%	0	0.00%	4,023	-284	0	-13	0	0	0	0	5,693	8	4,323	8	1,422	33.02%	-0.914%	0.000%
1999	2001	32,332	4,474	13.84%	0	0.00%	32,216	-116	0	4,474	0	0	0	0	25,208	26	32,569	27	5,874	18.17%	76.166%	0.000%
2000	2001	79,632	2,125	2.67%	960	1.21%	79,329	-303	960	1,165	960	0	0	0	26,131	59	77,139	71	12,748	16.01%	16.669%	7.531%
2001	2001	79,365	52,017	65.54%	706	0.89%	100,071	20,706	0	52,017	706	0	0	0	13,288	147	181,326	57	8,015	10.10%	648.996%	8.805%
Total	2001	247,723	44,767	18.07%	1,666	0.67%	266,132	18,409	43,549	1,218	1,666	0	0	0	86,018	299	344,320	226	85,667	34.58%	52.257%	1.944%
1988	2002	5,117	47,860	935.31%	56,232	1098.93%	3,999	-1,118	28,509	19,351	56,232	0	0	0	-1,919	7	4,969	7	10,514	205.47%	455.203%	534.834%
1989	2002	6,557	-365	-5.57%	0	0.00%	6,727	170	0	-365	0	0	0	0	3,174	10	7,237	12	11,449	174.61%	-3.188%	0.000%
1990	2002	4,483	-668	-14.90%	0	0.00%	3,702	-781	0	-668	0	0	0	0	-16,661	7	2,845	6	8,299	185.12%	-8.049%	0.000%
1991	2002	2,636	-120	-4.55%	0	0.00%	2,636	0	0	-120	0	0	0	0	5,578	3	2,636	3	4,447	168.70%	-2.698%	0.000%
1992	2002	1,843	-45	-2.44%	0	0.00%	1,843	0	0	-45	0	0	0	0	718	1	1,843	1	3,062	166.14%	-1.470%	0.000%
1993	2002	10,885	2,141	19.67%	0	0.00%	8,865	-2,020	16,220	-14,079	0	0	0	0	2,585	9	10,371	10	9,834	90.34%	21.771%	0.000%
1994	2002	1,859	1	0.05%	0	0.00%	1,859	0	0	1	0	0	0	0	1,781	3	1,859	3	833	44.81%	0.120%	0.000%
1996	2002	1,621	-11	-0.68%	0	0.00%	1,621	0	0	-11	0	0	0	0	2,938	3	1,621	3	494	30.48%	-2.227%	0.000%
1997	2002	9,939	-79	-0.79%	0	0.00%	9,939	0	0	-79	0	0	0	0	8,373	12	9,939	12	4,379	44.06%	-1.804%	0.000%
1998	2002	4,309	-29	-0.67%	0	0.00%	4,299	-10	0	-29	0	0	0	0	6,393	8	4,299	8	1,602	37.18%	-1.810%	0.000%
1999	2002	19,101	-1,483	-7.76%	860	4.50%	18,746	-355	860	-2,343	860	0	0	0	-15,244	11	32,181	26	6,382	33.41%	-23.237%	13.475%
2000	2002	47,577	5,651	11.88%	0	0.00%	47,092	-485	0	5,651	0	0	0	0	22,535	33	70,672	63	11,244	23.63%	50.258%	0.000%
2001	2002	200,091	-42,529	-21.25%	2,053	1.03%	199,609	-482	2,759	-45,288	2,053	0	0	0	94,104	154	178,744	141	30,249	15.12%	-140.596%	6.786%
2002	2002	130,396	3,508	2.69%	0	0.00%	137,542	7,146	0	3,508	0	0	0	0	56,950	157	141,052	95	15,296	11.73%	22.934%	0.000%
Total	2002	446,414	13,832	3.10%	59,145	13.25%	448,479	2,065	48,348	-34,516	59,145	0	0	0	171,305	418	470,268	390	118,084	26.45%	11.714%	50.087%
1988	2003	4,725	12,334	261.04%	0	0.00%	4,017	-708	21,695	-9,361	0	0	0	0	-1,070	6	4,017	7	10,701	226.48%	115.260%	0.000%
1989	2003	6,556	-311	-4.74%	0	0.00%	6,559	3	0	-311	0	0	0	0	2,762	10	7,237	12	12,901	196.78%	-2.411%	0.000%
1990	2003	3,521	-420	-11.93%	0	0.00%	3,523	2	0	-420	0	0	0	0	1,389	7	2,845	5	6,103	173.33%	-6.882%	0.000%
1991	2003	2,635	-109	-4.14%	0	0.00%	2,636	1	0	-109	0	0	0	0	5,609	3	2,636	3	5,270	200.00%	-2.068%	0.000%
1992	2003	1,843	127,908	6940.21%	31,365	1701.86%	1,997	154	24,377	103,531	31,365	0	0	0	782	1	1,843	1	3,434	186.33%	3724.752%	913.374%
1993	2003	10,368	-442	-4.26%	44,245	426.75%	10,371	3	0	-442	44,245	0	0	0	5,401	9	10,371	9	10,557	101.82%	-4.187%	419.107%
1994	2003	1,857	-98	-5.28%	0	0.00%	1,859	2	0	-98	0	0	0	0	3,506	3	1,859	3	1,007	54.23%	-9.732%	0.000%
1996	2003	1,621	-55	-3.39%	0	0.00%	1,621	0	0	-55	0	0	0	0	972	3	1,621	3	589	36.34%	-9.338%	0.000%
1997	2003	9,937	-344	-3.46%	0	0.00%	9,939	2	0	-344	0	0	0	0	3,523	12	9,939	12	5,080	51.12%	-6.772%	0.000%
1998	2003	4,297	-151	-3.51%	0	0.00%	4,299	2	0	-151	0	0	0	0	7,148	8	4,299	8	1,834	42.68%	-8.233%	0.000%
1999	2003	12,608	122,553	972.03%	215,217	1706.99%	12,612	4	10,300	112,253	127,180	0	88,037	0	5,379	11	32,181	26	5,643	44.76%	2171.770%	3813.876%
2000	2003	37,085	-2,977	-8.03%	0	0.00%	36,788	-297	0	-2,977	0	0	0	0	25,722	33	70,593	62	11,701	31.55%	-25.442%	0.000%
2001	2003	192,797	169,736	88.04%	230,215	119.41%	191,428	-1,369	26,950	142,786	136,170	1,360	92,685	0	134,756	147	171,757	137	37,449	19.42%	453.246%	614.743%
2002	2003	173,827	2,016	1.16%	0	0.00%	173,520	-307	0	2,016	0	0	0	0	65,857	154	137,100	124	25,796	14.84%	7.815%	0.000%
Total	2003	463,677	429,640	92.66%	521,042	112.37%	461,169	-2,508	83,322	346,318	338,960	1,360	180,722	0	261,736	407	458,298	412	138,065	29.78%	311.187%	377.389%

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Change in the active life reserve is NOT included in the Statement and Runout Claims

Valuation Date: 12/31/2007

ISSUE YEAR	EXPER YEAR	Earned Premium	Statement Incurred Claims	Loss Ratio	Runout Incurred Claims	Loss Ratio	Written Premium	Change In Unearned Prem	Paid Claims	Change In Claim Res	Paid Claims Allocated to Incurred Year	Claim Reserve as of 12/31/2007 Outstanding	Pending	IBNR	Change In ActLf Res	Policy Count	Gross Annualized Premium	Life Years	LR Expected Claims	Expected Loss Ratio	Statement Claims Act/Exp Ratio	Runout Claims Act/Exp Ratio
1988	2004	4,584	44,101	962.06%	16,416	358.11%	4,841	257	27,022	17,079	16,350	0	0	66	-69	6	4,903	6	10,106	220.46%	436.384%	162.434%
1989	2004	7,348	51,903	706.36%	62,030	844.17%	7,323	-25	13,641	38,262	61,960	0	0	69	1,712	10	8,073	10	14,599	198.68%	355.524%	424.889%
1990	2004	3,300	1,376	41.70%	37	1.11%	3,508	208	0	1,376	0	0	0	37	-3,365	6	3,264	6	5,610	170.00%	24.528%	0.654%
1991	2004	2,872	493	17.17%	11	0.37%	3,225	353	0	493	0	0	0	11	10,736	3	3,002	3	6,659	231.86%	7.404%	0.158%
1992	2004	2,043	-95,843	-4691.29%	25	1.22%	2,448	405	6,990	-102,833	0	0	0	25	549	1	2,239	1	3,843	188.11%	-2493.963%	0.647%
1993	2004	11,076	44,512	401.88%	10	0.09%	10,986	-90	29,590	14,922	0	0	0	10	1,508	8	11,413	9	11,934	107.75%	372.985%	0.083%
1994	2004	2,104	-6	-0.29%	8	0.38%	2,221	117	0	-6	0	0	0	8	1,825	3	2,256	3	1,203	57.18%	-0.499%	0.658%
1996	2004	1,890	-6	-0.32%	1	0.03%	1,890	0	0	-6	0	0	0	1	2,710	3	1,980	3	649	34.34%	-0.924%	0.085%
1997	2004	11,434	73,665	644.26%	25,231	220.67%	11,971	537	18,726	54,939	25,227	0	0	4	7,926	12	12,288	12	5,260	46.00%	1400.475%	479.684%
1998	2004	4,717	74	1.57%	2	0.03%	4,846	129	0	74	0	0	0	2	6,661	8	4,956	8	1,992	42.23%	3.715%	0.082%
1999	2004	12,808	2,006	15.66%	289	2.26%	12,965	157	29,560	-27,554	280	0	0	9	7,636	10	13,157	10	4,633	36.17%	43.298%	6.242%
2000	2004	42,149	201,511	478.09%	158,129	375.17%	43,810	1,661	23,677	177,834	155,524	1,875	720	10	27,061	32	44,021	33	12,587	29.86%	1600.945%	1256.289%
2001	2004	213,670	-63,657	-29.79%	69,896	32.71%	216,882	3,212	33,560	-97,217	69,862	0	0	35	146,668	141	222,684	145	42,223	19.76%	-150.764%	165.541%
2002	2004	189,674	4,039	2.13%	35	0.02%	190,674	1,000	0	4,039	0	0	0	35	151,984	143	193,516	148	31,143	16.42%	12.969%	0.113%
Total	2004	509,669	264,168	51.83%	332,119	65.16%	517,590	7,921	182,766	81,402	329,204	1,875	720	320	363,542	386	527,752	397	152,441	29.91%	173.292%	217.867%
1988	2005	4,169	78,172	1875.08%	72,037	1727.93%	3,697	-472	37,370	40,802	69,468	1,550	900	119	-2,638	5	4,149	5	9,308	223.27%	839.837%	773.930%
1989	2005	7,859	11,996	152.64%	148	1.88%	6,724	-1,135	20,903	-8,907	0	0	0	148	-3,271	9	7,762	9	15,070	191.75%	79.602%	0.980%
1990	2005	3,546	-144	-4.06%	60	1.70%	3,546	0	0	-144	0	0	0	60	806	6	3,546	6	6,029	170.02%	-2.388%	1.000%
1991	2005	3,203	181	5.65%	25	0.77%	3,222	19	0	181	0	0	0	25	8,332	3	3,222	3	3,655	114.11%	4.952%	0.674%
1992	2005	2,239	92,697	4140.11%	44,677	1995.38%	1,866	-373	1,040	91,657	44,623	0	0	54	443	1	2,239	1	4,178	186.60%	2218.693%	1069.328%
1993	2005	11,729	35,809	305.30%	3,166	26.99%	14,074	2,345	14,655	21,154	3,143	0	0	24	1,471	7	11,506	8	12,198	104.00%	293.565%	25.957%
1994	2005	2,256	69	3.06%	18	0.80%	2,256	0	0	69	0	0	0	18	1,913	3	2,256	3	1,330	58.95%	5.188%	1.354%
1996	2005	1,980	33	1.67%	1	0.07%	1,980	0	0	33	0	0	0	1	2,829	3	1,980	3	673	33.99%	4.903%	0.205%
1997	2005	10,784	-48,213	-447.08%	9	0.08%	10,624	-160	6,501	-54,714	0	0	0	9	4,325	11	10,476	11	4,508	41.80%	-1069.499%	0.193%
1998	2005	5,224	89	1.70%	4	0.08%	5,093	-131	0	89	0	0	0	4	7,057	8	5,296	8	2,248	43.03%	3.959%	0.183%
1999	2005	12,495	28,667	229.43%	20	0.16%	12,495	0	29,200	-533	0	0	0	20	-8,023	8	10,037	10	4,317	34.55%	664.049%	0.467%
2000	2005	42,936	-9,718	-22.63%	543	1.26%	42,907	-29	59,831	-69,549	520	0	0	23	24,888	31	42,753	31	11,833	27.56%	-82.126%	4.588%
2001	2005	218,034	167,693	76.91%	9,240	4.24%	219,422	1,388	66,317	101,376	9,150	0	0	90	151,202	137	215,294	139	43,969	20.17%	381.389%	21.014%
2002	2005	193,838	234,780	121.12%	256,391	132.27%	194,266	428	42,686	192,094	190,049	0	66,250	92	154,922	141	193,286	142	35,245	18.18%	666.137%	727.454%
Total	2005	520,292	592,111	113.80%	386,339	74.25%	522,172	1,880	278,503	313,608	316,953	1,550	67,150	686	344,256	373	513,802	379	154,561	29.71%	383.092%	249.959%
1988	2006	3,186	-32,873	-1031.80%	172	5.41%	2,845	-341	23,681	-56,554	0	0	0	172	-4,615	4	3,136	4	7,366	231.20%	-446.280%	2.338%
1989	2006	7,615	5,362	70.41%	363	4.77%	7,576	-39	22,703	-17,341	0	0	0	363	1,133	9	7,576	9	16,640	218.52%	32.224%	2.184%
1990	2006	3,326	-30	-0.90%	129	3.86%	2,947	-379	0	-30	0	0	0	129	-2,557	5	3,049	6	6,135	184.46%	-0.489%	2.095%
1991	2006	2,563	6,378	248.85%	6,421	250.51%	2,144	-419	6,349	29	6,349	0	0	72	-27,212	2	2,470	2	3,545	138.31%	179.915%	181.116%
1992	2006	2,015	-48,456	-2404.76%	72	3.58%	1,828	-187	43,583	-92,039	0	0	0	72	-10,143	0	0	1	3,888	192.95%	-1246.296%	1.856%
1993	2006	9,388	-30,158	-321.24%	210	2.23%	6,998	-2,390	3,143	-33,301	0	0	0	210	-5,955	6	9,138	6	12,589	134.10%	-239.558%	1.664%
1994	2006	2,259	95	4.21%	40	1.77%	2,256	-3	0	95	0	0	0	40	1,902	3	2,256	3	1,662	73.57%	5.716%	2.408%
1996	2006	1,980	308	15.56%	15	0.77%	1,980	0	245	63	0	0	0	15	2,555	3	1,980	3	897	45.30%	34.337%	1.695%
1997	2006	10,538	287	2.72%	92	0.87%	10,186	-352	0	287	0	0	0	92	6,318	11	10,476	11	5,445	51.67%	5.271%	1.682%
1998	2006	5,275	141	2.67%	44	0.84%	5,970	695	0	141	0	0	0	44	7,373	8	5,240	8	2,670	50.62%	5.281%	1.661%
1999	2006	10,113	31,623	312.70%	86	0.85%	10,119	6	29,200	2,423	0	0	0	86	5,578	8	10,037	8	4,629	45.77%	683.150%	1.859%
2000	2006	41,747	-34,884	-83.56%	80,656	193.20%	41,571	-176	49,245	-84,129	3,600	800	76,024	232	24,623	30	40,496	31	14,082	33.73%	-247.720%	572.756%
2001	2006	209,484	90,383	43.15%	61,778	29.49%	208,376	-1,108	75,280	15,103	54,857	1,550	4,410	962	160,034	132	203,885	134	57,261	27.33%	157.844%	107.889%
2002	2006	189,860	103,041	54.27%	18,937	9.97%	189,441	-419	99,291	3,750	18,161	0	0	776	224,430	139	187,883	140	44,919	23.66%	229.393%	42.158%
Total	2006	499,349	91,217	18.27%	169,015	33.85%	494,237	-5,112	352,720	-261,503	82,967	2,350	80,434	3,264	383,464	360	487,622	366	181,728	36.39%	50.194%	93.004%
1988	2007	2,738	3,310	120.89%	1,613	58.91%	2,546	-192	19,167	-15,857	0	0	0	1,613	-5,254	3	2,654	3	6,229	227.50%	53.139%	25.896%
1989	2007	7,117	-3,204	-45.02%	4,692	65.92%	7,135	18	4,714	-7,918	0	0	0	4,692	-4,017	8	7,240	8	16,460	231.28%	-19.465%	28.503%
1990	2007	3,303	85	2.57%	1,728	52.31%	3,544	241	0	85	0	0	0	1,728	278	5	3,198	5	6,063	183.56%	1.402%	28.496%
1991	2007	2,575	138	5.36%	1,143	44.37%	2,596	21	0	138	0	0	0	1,143	5,725	2	2,722	2	3,962	153.86%	3.483%	28.837%
1992	2007	0	-634	0.00%	0	0.00%	0	0	0	-634	0	0	0	0	0	0	0	0	0	0.00%	0.000%	0.000%

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Valuation Date: 12/31/2007

ISSUE YEAR	EXPER YEAR	Earned Premium	Statement Incurred Claims	Loss Ratio	Runout Incurred Claims	Loss Ratio	Written Premium	Change In Unearned Prem	Paid Claims	Change In Claim Res	Paid Claims Allocated to Incurred Year	Claim Reserve as of 12/31/2007 Outstanding	Pending	IBNR	Change In ActLf Res	Policy Count	Gross Annualized Premium	Life Years	LR Expected Claims	Expected Loss Ratio	Statement Claims Act/Exp Ratio	Runout Claims Act/Exp Ratio
1993	2007	7,569	-566	-7.48%	3,281	43.35%	7,449	-120	0	-566	0	0	0	3,281	-15,638	5	7,994	5	10,955	144.74%	-5.167%	29.952%
1994	2007	2,536	90	3.55%	558	22.00%	2,682	146	0	90	0	0	0	558	1,722	3	2,720	3	1,951	76.93%	4.613%	28.592%
1996	2007	2,277	53	2.33%	331	14.55%	2,277	0	0	53	0	0	0	331	2,904	3	2,377	3	1,059	46.51%	5.005%	31.281%
1997	2007	11,655	239	2.05%	1,912	16.40%	12,014	359	0	239	0	0	0	1,912	7,560	11	12,448	11	6,216	53.33%	3.845%	30.759%
1998	2007	5,707	138	2.42%	938	16.43%	5,988	281	0	138	0	0	0	938	7,478	8	6,109	8	3,096	54.25%	4.457%	30.290%
1999	2007	10,717	29,099	271.52%	1,336	12.47%	10,824	107	29,200	-101	0	0	0	1,336	-811	7	9,929	8	4,664	43.52%	623.907%	28.651%
2000	2007	45,589	118,488	259.90%	40,534	88.91%	45,999	410	29,889	88,599	2,752	0	33,035	4,747	30,986	30	48,730	30	15,015	32.94%	789.131%	269.954%
2001	2007	216,191	190,652	88.19%	189,664	87.73%	218,954	2,763	105,992	84,660	37,324	1,550	131,733	19,057	74,020	119	215,944	126	58,963	27.27%	323.342%	321.667%
2002	2007	206,991	151,678	73.28%	222,712	107.60%	208,029	1,038	94,680	56,998	27,466	0	178,914	16,332	136,327	133	212,831	136	49,503	23.92%	306.402%	449.897%
Total	2007	524,965	489,566	93.26%	470,442	89.61%	530,037	5,072	283,642	205,924	67,543	1,550	343,682	57,667	241,280	337	534,896	348	184,136	35.08%	265.872%	255.486%
Grand	Total	4,026,182	2,315,671	57.52%	2,313,093	57.45%	4,079,739	53,557	1,571,973	743,698	1,569,764	8,685	672,708	61,937	2,109,734			3,092	1,421,798	35.31%	162.869%	162.688%
Present Value - 4.50%																						
Grand	Total	5,041,528	2,759,079	54.73%	2,611,054	51.79%	5,132,260	90,732	1,867,725	891,354					2,482,354				1,817,853	36.06%	151.777%	143.634%

Medico/Medico Life Insurance Companies

LTC Policy and Riders - Medico/Medico Life Insurance Companies - Nationwide Experience - All Forms Receiving a Rate Increase - Implementation Date: 10/01/2008 - Incurred Claims are WITHOUT Changes in Active Life Reserves

Experience Starting January 1, 2008 Forward

Projection Assumptions

Projection Starting Date: 1/1/2008
Starting Rate Increase Implementation Date: 10/1/2008
Percentage of Increase Implemented on 10/1/2008: 100%
Actual to Expected Claims: 100.00%
Pricing Interest Rate: 4.50%
Nationwide Average Rate Increase: 3.611%
Shock Lapse: 0.50%
Claim Antiselection: 0.00%

	Projected Experience				Revised Premium W/ Rate Increase					Revised Claims W/ Rate Increase					Present Values on 1/1/08 at 4.50%							
															Present Values Without Rate Increase				Present Values With Rate Increase			
Experience Year	Earned Premium	Incurred Claims	Loss Ratio	EOY Policy Count	Earned Premium	EOY Policy Count	Rate Increase	Cumulative Rate Increase	Revised Earned Premium	Incurred Claims	Cumulative Claim Antiselection Rate	Claims Inflation	Loss Ratio	Lifetime Cumulative Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Lifetime Cumulative Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Lifetime Cumulative Loss Ratio
2008	88,658,182	71,614,501	80.78%	46,886	88,547,360	46,651	3.61%	0.90%	89,346,721	71,524,983	0.00%	71,524,983	80.05%	63.37%	86,728,269	70,055,595	80.78%	60.47%	87,401,819	69,968,025	80.05%	60.45%
2009	80,964,985	69,461,369	85.79%	43,595	80,560,160	43,377	0.00%	3.61%	83,469,188	69,114,063	0.00%	69,114,063	82.80%	64.54%	75,791,902	65,023,285	85.79%	61.49%	78,136,104	64,698,168	82.80%	61.37%
2010	73,840,600	66,937,518	90.65%	40,421	73,471,397	40,219	0.00%	3.61%	76,124,449	66,602,830	0.00%	66,602,830	87.49%	65.73%	66,146,138	59,962,382	90.65%	62.48%	68,192,001	59,662,570	87.49%	62.28%
2011	66,939,311	64,045,152	95.68%	37,368	66,604,614	37,181	0.00%	3.61%	69,009,707	63,724,926	0.00%	63,724,926	92.34%	66.93%	57,381,807	54,900,872	95.68%	63.43%	59,156,594	54,626,368	92.34%	63.17%
2012	60,300,316	61,089,072	101.31%	34,458	59,998,814	34,286	0.00%	3.61%	62,165,371	60,783,626	0.00%	60,783,626	97.78%	68.13%	49,464,802	50,111,825	101.31%	64.34%	50,994,721	49,861,266	97.78%	64.02%
2013	54,345,528	58,204,088	107.10%	31,688	54,073,800	31,530	0.00%	3.61%	56,026,405	57,913,067	0.00%	57,913,067	103.37%	69.33%	42,660,330	45,689,235	107.10%	65.21%	43,979,791	45,460,789	103.37%	64.84%
2014	48,983,002	55,992,953	114.31%	29,050	48,738,087	28,905	0.00%	3.61%	50,498,020	55,712,988	0.00%	55,712,988	110.33%	70.54%	36,795,060	42,060,796	114.31%	66.06%	37,933,111	41,850,492	110.33%	65.65%
2015	44,011,345	54,268,437	123.31%	26,549	43,791,289	26,416	0.00%	3.61%	45,372,592	53,997,095	0.00%	53,997,095	119.01%	71.80%	31,636,794	39,009,927	123.31%	66.90%	32,615,303	38,814,877	119.01%	66.45%
2016	39,411,031	52,892,244	134.21%	24,187	39,213,976	24,066	0.00%	3.61%	40,629,992	52,627,783	0.00%	52,627,783	129.53%	73.11%	27,109,988	36,383,420	134.21%	67.73%	27,948,485	36,201,503	129.53%	67.25%
2017	35,183,876	51,516,118	146.42%	21,972	35,007,957	21,862	0.00%	3.61%	36,272,094	51,258,538	0.00%	51,258,538	141.32%	74.47%	23,160,020	33,910,826	146.42%	68.55%	23,876,346	33,741,272	141.32%	68.04%
2018	31,305,138	50,170,411	160.26%	19,894	31,148,613	19,794	0.00%	3.61%	32,273,389	49,919,559	0.00%	49,919,559	154.68%	75.87%	19,719,440	31,602,876	160.26%	69.36%	20,329,351	31,444,862	154.68%	68.82%
2019	27,755,059	48,916,602	176.24%	17,947	27,616,284	17,857	0.00%	3.61%	28,613,508	48,672,019	0.00%	48,672,019	170.10%	77.30%	16,730,342	29,486,209	176.24%	70.15%	17,247,802	29,338,778	170.10%	69.59%
2020	24,522,192	47,759,571	194.76%	16,138	24,399,581	16,057	0.00%	3.61%	25,280,650	47,520,773	0.00%	47,520,773	187.97%	78.76%	14,145,088	27,549,060	194.76%	70.93%	14,582,588	27,411,315	187.97%	70.35%
2021	21,587,365	46,638,696	216.05%	14,460	21,479,428	14,388	0.00%	3.61%	22,255,051	46,405,502	0.00%	46,405,502	208.52%	80.26%	11,915,979	25,744,027	216.05%	71.69%	12,284,533	25,615,306	208.52%	71.09%
2022	18,931,182	45,376,628	239.69%	12,912	18,836,526	12,848	0.00%	3.61%	19,516,713	45,149,745	0.00%	45,149,745	231.34%	81.77%	9,999,805	23,968,784	239.69%	72.42%	10,309,093	23,848,940	231.34%	71.80%
2023	16,538,786	43,976,273	265.90%	11,488	16,456,092	11,430	0.00%	3.61%	17,050,322	43,756,391	0.00%	43,756,391	256.63%	83.28%	8,359,901	22,228,795	265.90%	73.13%	8,618,468	22,117,651	256.63%	72.49%
2024	14,390,096	42,415,255	294.75%	10,182	14,318,145	10,131	0.00%	3.61%	14,835,174	42,203,178	0.00%	42,203,178	284.48%	84.79%	6,960,571	20,516,501	294.75%	73.79%	7,175,858	20,413,918	284.48%	73.15%
2025	12,466,688	40,698,379	326.46%	8,989	12,404,355	8,944	0.00%	3.61%	12,852,276	40,494,887	0.00%	40,494,887	315.08%	86.27%	5,770,534	18,838,314	326.46%	74.43%	5,949,014	18,744,122	315.08%	73.77%
2026	10,754,795	38,865,906	361.38%	7,910	10,701,021	7,870	0.00%	3.61%	11,087,435	38,671,577	0.00%	38,671,577	348.79%	87.72%	4,763,770	17,215,412	361.38%	75.02%	4,911,111	17,129,335	348.79%	74.35%
2027	9,236,667	36,935,848	399.88%	6,935	9,190,484	6,900	0.00%	3.61%	9,522,352	36,751,169	0.00%	36,751,169	385.95%	89.13%	3,915,143	15,655,986	399.88%	75.56%	4,036,236	15,577,706	385.95%	74.89%
2028	7,896,634	34,939,196	442.46%	6,060	7,857,151	6,030	0.00%	3.61%	8,140,872	34,764,500	0.00%	34,764,500	427.04%	90.48%	3,203,008	14,171,929	442.46%	76.07%	3,302,075	14,101,069	427.04%	75.38%
2029	6,720,072	32,901,110	489.59%	5,278	6,686,472	5,252	0.00%	3.61%	6,927,920	32,736,604	0.00%	32,736,604	472.53%	91.79%	2,608,397	12,770,571	489.59%	76.53%	2,689,073	12,706,718	472.53%	75.84%
2030	5,692,256	30,843,818	541.86%	4,583	5,663,795	4,560	0.00%	3.61%	5,868,315	30,689,599	0.00%	30,689,599	522.97%	93.03%	2,114,306	11,456,490	541.86%	76.96%	2,179,701	11,399,208	522.97%	76.25%
2031	4,799,663	28,810,566	600.26%	3,969	4,775,664	3,949	0.00%	3.61%	4,948,114	28,666,513	0.00%	28,666,513	579.34%	94.21%	1,705,996	10,240,448	600.26%	77.34%	1,758,761	10,189,246	579.34%	76.63%
2032	4,028,774	26,812,190	665.52%	3,428	4,008,630	3,411	0.00%	3.61%	4,153,382	26,678,129	0.00%	26,678,129	642.32%	95.32%	1,370,326	9,119,755	665.52%	77.69%	1,412,709	9,074,156	642.32%	76.97%
2033	3,367,026	24,890,699	739.25%	2,956	3,350,191	2,941	0.00%	3.61%	3,471,166	24,766,246	0.00%	24,766,246	713.48%	96.36%	1,095,925	8,101,617	739.25%	78.00%	1,129,822	8,061,109	713.48%	77.28%
2034	2,802,298	23,070,468	823.27%	2,544	2,788,286	2,531	0.00%	3.61%	2,888,971	22,955,115	0.00%	22,955,115	794.58%	97.35%	872,836	7,185,793	823.27%	78.28%	899,832	7,149,864	794.58%	77.55%
2035	2,323,467	21,360,513	919.34%	2,187	2,311,850	2,176	0.00%	3.61%	2,395,331	21,253,710	0.00%	21,253,710	887.30%	98.27%	692,530	6,366,690	919.34%	78.53%	713,949	6,334,856	887.30%	77.80%
2036	1,919,826	19,755,925	1029.05%	1,878	1,910,226	1,869	0.00%	3.61%	1,979,205	19,657,145	0.00%	19,657,145	993.18%	99.13%	547,580	5,634,859	1029.05%	78.75%	564,516	5,606,685	993.18%	78.02%
2037	1,581,351	18,251,761	1154.19%	1,613	1,573,444	1,605	0.00%	3.61%	1,630,261	18,160,502	0.00%	18,160,502	1113.96%	99.93%	431,616	4,981,661	1154.19%	78.95%	444,966	4,956,753	1113.96%	78.22%
2008 - 2037	821,257,512	1,309,411,264	159.44%		817,483,692		**Projected Data**		844,604,945	1,303,132,762		1,303,132,762	154.29%		613,798,202	819,943,939	133.59%		630,773,736	816,106,927	129.38%	
Inception - 2007	1,214,946,697	754,992,393	62.14%				**Historical Data**		1,214,946,697			754,992,393	62.14%		1,719,864,883	1,022,451,206	59.45%		1,719,864,883	1,022,451,206	59.45%	
Inception - 2037	2,036,204,209	2,064,403,657	101.38%				**Lifetime Data**		2,059,551,642			2,058,125,155	99.93%		2,333,663,085	1,842,395,145	78.95%		2,350,638,619	1,838,558,133	78.22%	

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

3358 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Arkansas Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
1988	1988	26,139	3,395	12.99%	55,073	28,934	0	3,395	0	60	21
Total	1988	26,139	3,395	12.99%	55,073	28,934	0	3,395	0	60	21
1988	1989	40,275	11,779	29.25%	22,866	-17,409	0	11,779	0	34	10
1989	1989	24,114	4,605	19.10%	43,174	19,060	0	4,605	0	54	15
Total	1989	64,389	16,384	25.45%	66,040	1,651	0	16,384	0	88	25
1988	1990	21,762	-11,417	-52.46%	19,950	-1,812	0	-11,417	4,935	27	6
1989	1990	35,121	14,027	39.94%	23,392	-11,729	2,250	11,777	262	38	14
1990	1990	13,349	1,641	12.29%	20,773	7,424	0	1,641	0	18	9
Total	1990	70,232	4,251	6.05%	64,115	-6,117	2,250	2,001	5,197	83	29
1988	1991	16,395	-1,710	-10.43%	14,096	-2,299	0	-1,710	6,320	20	5
1989	1991	20,909	2,978	14.24%	19,598	-1,311	16,824	-13,846	5,493	30	13
1990	1991	17,804	-253	-1.42%	15,775	-2,029	0	-253	0	13	6
1991	1991	2,362	231	9.78%	4,422	2,060	0	231	0	2	3
Total	1991	57,470	1,246	2.17%	53,891	-3,579	16,824	-15,578	11,813	65	27
1988	1992	14,665	-157	-1.07%	14,411	-254	0	-157	5,966	15	6
1989	1992	16,115	15,431	95.76%	14,117	-1,998	12,268	3,163	6,744	19	8
1990	1992	13,308	275	2.07%	12,606	-702	0	275	3,169	13	5
1991	1992	1,456	-135	-9.27%	-446	-1,902	0	-135	0	2	1
1992	1992	1,401	118	8.42%	1,401	0	0	118	0	1	3
Total	1992	46,945	15,532	33.09%	42,089	-4,856	12,268	3,264	15,879	50	23
1988	1993	11,834	34,199	288.99%	10,660	-1,174	7,987	26,212	4,060	13	6
1989	1993	14,519	14,548	100.20%	13,993	-526	18,120	-3,572	6,022	17	8
1990	1993	11,631	55	0.47%	10,659	-972	0	55	3,988	11	3
1991	1993	1,463	109	7.45%	1,463	0	0	109	483	2	1
1992	1993	1,843	38	2.06%	1,843	0	0	38	371	1	3
Total	1993	41,290	48,949	118.55%	38,618	-2,672	26,107	22,842	14,924	44	21
1988	1994	11,046	9,006	81.53%	10,434	-612	17,907	-8,901	1,841	12	5
1989	1994	12,723	-37	-0.29%	12,723	0	0	-37	6,858	17	8
1990	1994	10,686	139	1.30%	10,984	298	0	139	4,389	11	3
1991	1994	1,463	-2	-0.14%	1,463	0	0	-2	960	2	1
1992	1994	1,843	167	9.06%	1,843	0	0	167	744	1	3
Total	1994	37,761	9,273	24.56%	37,447	-314	17,907	-8,634	14,792	43	20
1988	1995	10,434	4,673	44.79%	10,434	0	14,267	-9,594	3,707	12	5
1989	1995	12,732	20,227	158.87%	12,321	-411	11,949	8,278	5,696	16	8
1990	1995	10,537	58,090	551.30%	10,700	163	20,038	38,052	4,195	11	3
1991	1995	1,463	34	2.32%	1,463	0	0	34	947	2	1
1992	1995	1,843	36	1.95%	1,843	0	0	36	744	1	3
Total	1995	37,009	83,060	224.43%	36,761	-248	46,254	36,806	15,289	42	20
1988	1996	9,442	430	4.55%	7,596	-1,846	8,082	-7,652	-2,157	9	4
1989	1996	10,932	-4,206	-38.47%	10,710	-222	4,063	-8,269	4,506	15	8
1990	1996	10,416	19,861	190.68%	10,397	-19	32,424	-12,563	3,980	11	3
1991	1996	1,463	13	0.89%	1,463	0	0	13	934	2	1

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

3358 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Arkansas Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
1992	1996	1,843	17	0.92%	1,843	0	0	17	736	1	3
Total	1996	34,096	16,115	47.26%	32,009	-2,087	44,569	-28,454	7,999	38	19
1988	1997	7,619	-395	-5.18%	7,607	-12	0	-395	2,139	9	4
1989	1997	10,813	74	0.68%	10,809	-4	0	74	4,870	15	8
1990	1997	10,448	53,105	508.28%	10,043	-405	35,894	17,211	5,370	11	3
1991	1997	1,464	40	2.73%	1,463	-1	0	40	1,262	2	1
1992	1997	1,843	-6	-0.33%	1,843	0	0	-6	851	1	3
Total	1997	32,187	52,818	164.10%	31,765	-422	35,894	16,924	14,492	38	19
1988	1998	7,613	225	2.96%	7,607	-6	0	225	-482	9	4
1989	1998	10,427	132	1.27%	10,426	-1	0	132	5,870	14	7
1990	1998	8,647	13,791	159.49%	8,188	-459	24,349	-10,558	5,411	10	3
1991	1998	1,327	-20	-1.51%	1,282	-45	0	-20	-656	2	1
1992	1998	1,844	56	3.04%	2,305	461	0	56	1,722	1	3
Total	1998	29,858	14,184	47.50%	29,808	-50	24,349	-10,165	11,865	36	18
1988	1999	6,367	27,723	435.42%	6,481	114	3,500	24,223	763	8	4
1989	1999	9,249	-539	-5.83%	9,468	219	0	-539	2,478	13	7
1990	1999	8,254	5,668	68.67%	8,115	-139	26,819	-21,151	3,963	10	3
1991	1999	945	-95	-10.05%	834	-111	0	-95	-2,900	1	0
1992	1999	1,844	-67	-3.63%	1,383	-461	0	-67	874	1	3
Total	1999	26,659	32,690	122.62%	26,281	-378	30,319	2,371	5,178	33	17
1988	2000	6,287	46,814	744.62%	5,681	-606	20,956	25,858	1,456	8	4
1989	2000	9,170	172	1.88%	8,658	-512	0	172	4,602	13	7
1990	2000	8,278	2,609	31.52%	7,841	-437	11,760	-9,151	3,485	10	3
1991	2000	834	-16	-1.92%	834	0	0	-16	80	1	0
1992	2000	1,843	57	3.09%	1,843	0	0	57	833	1	3
Total	2000	26,412	49,636	187.93%	24,857	-1,555	32,716	16,920	10,456	33	17
1988	2001	6,329	-23,132	-365.49%	6,329	0	19,739	-42,871	1,084	8	4
1989	2001	8,270	-36	-0.44%	7,899	-371	0	-36	-4,352	10	6
1990	2001	7,241	-76	-1.05%	7,089	-152	1,860	-1,936	-1,180	9	3
1991	2001	695	-25	-3.60%	695	0	0	-25	-1,112	0	0
1992	2001	1,843	44	2.39%	1,843	0	0	44	782	1	3
Total	2001	24,378	-23,225	-95.27%	23,855	-523	21,599	-44,824	-4,778	28	16
1988	2002	5,117	47,860	935.31%	3,999	-1,118	28,509	19,351	-1,919	7	4
1989	2002	6,557	-365	-5.57%	6,727	170	0	-365	3,174	10	6
1990	2002	4,483	-668	-14.90%	3,702	-781	0	-668	-16,661	7	1
1991	2002	0	-117	0.00%	0	0	0	-117	0	0	0
1992	2002	1,843	12	0.65%	1,843	0	0	12	718	1	3
Total	2002	18,000	46,722	259.57%	16,271	-1,729	28,509	18,213	-14,688	25	14
1988	2003	4,725	12,334	261.04%	4,017	-708	21,695	-9,361	-1,070	6	4
1989	2003	6,556	-311	-4.74%	6,559	3	0	-311	2,762	10	6
1990	2003	3,521	-420	-11.93%	3,523	2	0	-420	1,389	7	1
1992	2003	1,843	127,908	6940.21%	1,997	154	24,377	103,531	782	1	3
Total	2003	16,645	139,511	838.16%	16,096	-549	46,072	93,439	3,863	24	14

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

3358 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Arkansas Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
1988	2004	4,584	44,101	962.06%	4,841	257	27,022	17,079	-69	6	4
1989	2004	7,348	51,903	706.36%	7,323	-25	13,641	38,262	1,712	10	6
1990	2004	3,300	1,376	41.70%	3,508	208	0	1,376	-3,365	6	1
1991	2004	0	1	0.00%	0	0	0	1	0	0	0
1992	2004	2,043	-95,843	-4691.29%	2,448	405	6,990	-102,833	549	1	3
Total	2004	17,275	1,538	8.90%	18,120	845	47,653	-46,115	-1,173	23	14
1988	2005	4,169	78,172	1875.08%	3,697	-472	37,370	40,802	-2,638	5	4
1989	2005	7,859	11,996	152.64%	6,724	-1,135	20,903	-8,907	-3,271	9	6
1990	2005	3,546	-144	-4.06%	3,546	0	0	-144	806	6	1
1991	2005	0	-1	0.00%	0	0	0	-1	0	0	0
1992	2005	2,239	92,697	4140.11%	1,866	-373	1,040	91,657	443	1	3
Total	2005	17,813	182,720	1025.77%	15,833	-1,980	59,313	123,407	-4,660	21	14
1988	2006	3,186	-32,873	-1031.80%	2,845	-341	23,681	-56,554	-4,615	4	3
1989	2006	7,615	5,362	70.41%	7,576	-39	22,703	-17,341	1,133	9	6
1990	2006	3,326	-30	-0.90%	2,947	-379	0	-30	-2,557	5	1
1992	2006	2,015	-48,456	-2404.76%	1,828	-187	43,583	-92,039	-10,143	0	0
Total	2006	16,142	-75,997	-470.80%	15,196	-946	89,967	-165,964	-16,182	18	10
1988	2007	2,738	3,310	120.89%	2,546	-192	19,167	-15,857	-5,254	3	1
1989	2007	7,117	-3,204	-45.02%	7,135	18	4,714	-7,918	-4,017	8	6
1990	2007	3,303	85	2.57%	3,544	241	0	85	278	5	1
1992	2007	0	-634	0.00%	0	0	0	-634	0	0	0
Total	2007	13,158	-443	-3.37%	13,225	67	23,881	-24,324	-8,993	16	8
Grand	Total	653,858	618,359	94.57%	657,350	3,492	606,451	11,908	81,273		
Present Value - 4.50%											
Grand	Total	1,130,944	892,596	78.92%	1,153,497	22,553	828,585	64,011	167,847		

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

4458 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Arkansas Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
1990	1990	37	5	13.51%	447	410	0	5	0	1	0
Total	1990	37	5	13.51%	447	410	0	5	0	1	0
1990	1991	449	33	7.35%	39	-410	0	33	0	1	0
1991	1991	1,406	135	9.60%	1,868	462	0	135	0	3	0
Total	1991	1,855	168	9.06%	1,907	52	0	168	0	4	0
1990	1992	466	19	4.08%	466	0	0	19	149	1	0
1991	1992	2,605	50	1.92%	2,583	-22	0	50	0	3	0
Total	1992	3,071	69	2.25%	3,049	-22	0	69	149	4	0
1990	1993	466	10	2.15%	466	0	0	10	299	1	0
1991	1993	2,583	172	6.66%	2,583	0	0	172	1,337	3	0
Total	1993	3,049	182	5.97%	3,049	0	0	182	1,636	4	0
1990	1994	466	13	2.79%	466	0	0	13	307	1	0
1991	1994	2,583	26	1.01%	2,497	-86	0	26	2,705	3	0
Total	1994	3,049	39	1.28%	2,963	-86	0	39	3,012	4	0
1990	1995	466	9	1.93%	466	0	0	9	318	1	0
1991	1995	2,583	56	2.17%	2,583	0	0	56	2,785	3	0
Total	1995	3,049	65	2.13%	3,049	0	0	65	3,103	4	0
1990	1996	427	1,414	331.15%	427	0	1,418	-4	330	1	0
1991	1996	2,583	24	0.93%	2,497	-86	0	24	2,903	3	0
Total	1996	3,010	1,438	47.77%	2,924	-86	1,418	20	3,233	4	0
1990	1997	0	-87	0.00%	0	0	0	-87	-1,403	0	0
1991	1997	2,586	40	1.55%	2,669	83	0	40	3,047	3	0
Total	1997	2,586	-47	-1.82%	2,669	83	0	-47	1,644	3	0
1991	1998	2,579	34	1.32%	2,583	4	0	34	3,191	3	0
Total	1998	2,579	34	1.32%	2,583	4	0	34	3,191	3	0
1991	1999	2,582	-72	-2.79%	2,583	1	0	-72	-794	3	0
Total	1999	2,582	-72	-2.79%	2,583	1	0	-72	-794	3	0
1991	2000	2,584	34	1.32%	2,583	-1	0	34	21,810	3	0
Total	2000	2,584	34	1.32%	2,583	-1	0	34	21,810	3	0
1991	2001	2,620	27	1.03%	2,518	-102	0	27	5,936	3	0
Total	2001	2,620	27	1.03%	2,518	-102	0	27	5,936	3	0
1991	2002	2,636	-3	-0.11%	2,636	0	0	-3	5,578	3	0
Total	2002	2,636	-3	-0.11%	2,636	0	0	-3	5,578	3	0
1991	2003	2,635	-109	-4.14%	2,636	1	0	-109	5,609	3	0
Total	2003	2,635	-109	-4.14%	2,636	1	0	-109	5,609	3	0
1991	2004	2,872	492	17.13%	3,225	353	0	492	10,736	3	0
Total	2004	2,872	492	17.13%	3,225	353	0	492	10,736	3	0

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

4458 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Arkansas Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
1991	2005	3,203	182	5.68%	3,222	19	0	182	8,332	3	0
Total	2005	3,203	182	5.68%	3,222	19	0	182	8,332	3	0
1991	2006	2,563	6,378	248.85%	2,144	-419	6,349	29	-27,212	2	0
Total	2006	2,563	6,378	248.85%	2,144	-419	6,349	29	-27,212	2	0
1991	2007	2,575	138	5.36%	2,596	21	0	138	5,725	2	0
Total	2007	2,575	138	5.36%	2,596	21	0	138	5,725	2	0
Grand	Total	46,555	9,020	19.37%	46,783	228	7,767	1,253	51,688		
Present Value - 4.50%											
Grand	Total	67,783	10,720	15.82%	68,430	647	8,936	1,784	75,020		

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

691 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Arkansas Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
1992	1992	171	10	5.85%	410	239	0	10	0	1	0
Total	1992	171	10	5.85%	410	239	0	10	0	1	0
1992	1993	402	12	2.99%	390	-12	0	12	109	1	0
1993	1993	5,019	152	3.03%	11,061	6,042	0	152	0	11	3
Total	1993	5,421	164	3.03%	11,451	6,030	0	164	109	12	3
1992	1994	397	29	7.30%	203	-194	0	29	220	1	0
1993	1994	13,715	792	5.77%	14,579	864	0	792	2,710	11	3
1994	1994	1,631	47	2.88%	3,071	1,440	0	47	0	5	0
Total	1994	15,743	868	5.51%	17,853	2,110	0	868	2,930	17	3
1992	1995	406	10	2.46%	406	0	0	10	226	1	0
1993	1995	11,965	871	7.28%	9,359	-2,606	0	871	4,638	10	2
1994	1995	2,479	92	3.71%	1,090	-1,389	0	92	822	4	0
Total	1995	14,850	973	6.55%	10,855	-3,995	0	973	5,686	15	2
1992	1996	406	4	0.99%	406	0	0	4	230	1	0
1993	1996	11,139	18,049	162.03%	13,116	1,977	0	18,049	4,875	10	2
1994	1996	1,687	160	9.48%	1,687	0	0	160	511	2	0
Total	1996	13,232	18,213	137.64%	15,209	1,977	0	18,213	5,616	13	2
1992	1997	410	12	2.93%	511	101	0	12	231	1	0
1993	1997	11,142	-17,769	-159.48%	11,126	-16	0	-17,769	4,872	10	2
1994	1997	1,089	-85	-7.81%	1,090	1	0	-85	906	2	0
Total	1997	12,641	-17,842	-141.14%	12,727	86	0	-17,842	6,009	13	2
1992	1998	406	1	0.25%	406	0	0	1	229	1	0
1993	1998	11,130	38	0.34%	11,126	-4	0	38	4,901	10	2
1994	1998	1,090	20	1.83%	1,090	0	0	20	918	2	0
Total	1998	12,626	59	0.47%	12,622	-4	0	59	6,048	13	2
1992	1999	406	-10	-2.46%	406	0	0	-10	189	1	0
1993	1999	11,149	-258	-2.31%	10,971	-178	0	-258	3,936	10	2
1994	1999	1,090	-33	-3.03%	1,090	0	0	-33	932	2	0
Total	1999	12,645	-301	-2.38%	12,467	-178	0	-301	5,057	13	2
1992	2000	406	1	0.25%	406	0	0	1	222	1	0
1993	2000	11,197	33,771	301.61%	11,135	-62	8,248	25,523	5,022	10	2
1994	2000	1,090	20	1.83%	1,090	0	0	20	936	2	0
Total	2000	12,693	33,792	266.23%	12,631	-62	8,248	25,544	6,180	13	2
1992	2001	337	-12	-3.56%	203	-134	0	-12	-1,656	0	0
1993	2001	11,215	9,429	84.07%	10,380	-835	20,990	-11,561	5,244	10	2
1994	2001	674	-56	-8.31%	674	0	0	-56	-988	1	0
Total	2001	12,226	9,361	76.57%	11,257	-969	20,990	-11,629	2,600	11	2
1992	2002	0	-57	0.00%	0	0	0	-57	0	0	0
1993	2002	10,885	2,141	19.67%	8,865	-2,020	16,220	-14,079	2,585	9	2
1994	2002	616	-6	-0.97%	616	0	0	-6	683	1	0

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

691 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Arkansas Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
Total	2002	11,501	2,078	18.07%	9,481	-2,020	16,220	-14,142	3,268	10	2
1993	2003	10,368	-442	-4.26%	10,371	3	0	-442	5,401	9	2
1994	2003	616	-32	-5.19%	616	0	0	-32	721	1	0
Total	2003	10,984	-474	-4.32%	10,987	3	0	-474	6,122	10	2
1993	2004	11,076	44,512	401.88%	10,986	-90	29,590	14,922	1,508	8	2
1994	2004	709	19	2.68%	721	12	0	19	692	1	0
Total	2004	11,785	44,531	377.86%	11,707	-78	29,590	14,941	2,200	9	2
1993	2005	11,729	35,809	305.30%	14,074	2,345	14,655	21,154	1,471	7	2
1994	2005	756	30	3.97%	756	0	0	30	704	1	0
Total	2005	12,485	35,839	287.06%	14,830	2,345	14,655	21,184	2,175	8	2
1993	2006	9,388	-30,158	-321.24%	6,998	-2,390	3,143	-33,301	-5,955	6	1
1994	2006	755	40	5.30%	756	1	0	40	694	1	0
Total	2006	10,143	-30,118	-296.93%	7,754	-2,389	3,143	-33,261	-5,261	7	1
1993	2007	7,569	-566	-7.48%	7,449	-120	0	-566	-15,638	5	0
1994	2007	856	37	4.32%	869	13	0	37	664	1	0
Total	2007	8,425	-529	-6.28%	8,318	-107	0	-529	-14,974	6	0
Grand	Total	177,571	96,624	54.41%	180,559	2,988	92,846	3,778	33,765		
Present Value - 4.50%											
Grand	Total	248,037	123,173	49.66%	255,722	7,685	111,827	11,346	57,245		

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

692 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Arkansas Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
1993	1993	930	28	3.01%	930	0	0	28	0	1	0
Total	1993	930	28	3.01%	930	0	0	28	0	1	0
1993	1994	273	-9	-3.30%	273	0	0	-9	0	0	0
1994	1994	748	18	2.41%	1,283	535	0	18	0	2	0
Total	1994	1,021	9	0.88%	1,556	535	0	9	0	2	0
1993	1995	0	-19	0.00%	0	0	0	-19	0	0	0
1994	1995	1,259	37	2.94%	1,243	-16	0	37	484	2	0
1995	1995	1,549	2	0.13%	1,892	343	0	2	0	1	0
Total	1995	2,808	20	0.71%	3,135	327	0	20	484	3	0
1994	1996	1,243	198	15.93%	1,243	0	0	198	985	2	0
1995	1996	2,047	24	1.17%	2,022	-25	0	24	214	1	0
Total	1996	3,290	222	6.75%	3,265	-25	0	222	1,199	3	0
1994	1997	1,246	-3	-0.24%	1,243	-3	0	-3	1,019	2	0
1995	1997	1,913	358	18.71%	1,908	-5	0	358	420	1	0
Total	1997	3,159	355	11.24%	3,151	-8	0	355	1,439	3	0
1994	1998	1,243	36	2.90%	1,243	0	0	36	842	2	0
1995	1998	1,908	56	2.94%	1,908	0	0	56	399	1	0
Total	1998	3,151	92	2.92%	3,151	0	0	92	1,241	3	0
1994	1999	1,241	-45	-3.63%	1,243	2	0	-45	946	2	0
1995	1999	940	-257	-27.34%	627	-313	0	-257	-1,033	0	0
Total	1999	2,181	-302	-13.85%	1,870	-311	0	-302	-87	2	0
1994	2000	1,245	39	3.13%	1,243	-2	0	39	1,044	2	0
1995	2000	0	-183	0.00%	0	0	0	-183	0	0	0
Total	2000	1,245	-144	-11.57%	1,243	-2	0	-144	1,044	2	0
1994	2001	1,243	29	2.33%	1,243	0	0	29	1,072	2	0
Total	2001	1,243	29	2.33%	1,243	0	0	29	1,072	2	0
1994	2002	1,243	7	0.56%	1,243	0	0	7	1,098	2	0
Total	2002	1,243	7	0.56%	1,243	0	0	7	1,098	2	0
1994	2003	1,241	-66	-5.32%	1,243	2	0	-66	2,785	2	0
Total	2003	1,241	-66	-5.32%	1,243	2	0	-66	2,785	2	0
1994	2004	1,395	-25	-1.79%	1,500	105	0	-25	1,133	2	0
Total	2004	1,395	-25	-1.79%	1,500	105	0	-25	1,133	2	0
1994	2005	1,500	39	2.60%	1,500	0	0	39	1,209	2	0
Total	2005	1,500	39	2.60%	1,500	0	0	39	1,209	2	0
1994	2006	1,504	55	3.66%	1,500	-4	0	55	1,208	2	0
Total	2006	1,504	55	3.66%	1,500	-4	0	55	1,208	2	0
1994	2007	1,680	53	3.15%	1,813	133	0	53	1,058	2	0

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

692 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Arkansas Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
Total	2007	1,680	53	3.15%	1,813	133	0	53	1,058	2	0
Grand	Total	27,591	372	1.35%	28,343	752	0	372	14,883		
Present Value - 4.50%											
Grand	Total	39,146	617	1.58%	40,402	1,256	0	617	19,162		

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

694 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Arkansas Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
1996	1996	96	5	5.21%	291	195	0	5	0	3	3
Total	1996	96	5	5.21%	291	195	0	5	0	3	3
1996	1997	1,430	52	3.64%	1,235	-195	0	52	1,825	3	3
1997	1997	3,411	195	5.72%	4,877	1,466	0	195	0	12	0
Total	1997	4,841	247	5.10%	6,112	1,271	0	247	1,825	15	3
1996	1998	1,389	209	15.05%	1,389	0	0	209	1,511	3	3
1997	1998	10,182	373	3.66%	10,439	257	0	373	3,462	12	2
1998	1998	264	11	4.17%	1,211	947	0	11	0	2	0
Total	1998	11,835	593	5.01%	13,039	1,204	0	593	4,973	17	5
1996	1999	1,232	-59	-4.79%	1,232	0	0	-59	332	2	2
1997	1999	10,026	1,119	11.16%	10,028	2	0	1,119	7,391	12	2
1998	1999	1,206	34	2.82%	811	-395	0	34	350	2	0
1999	1999	7,927	185	2.33%	9,142	1,215	0	185	0	25	12
Total	1999	20,391	1,279	6.27%	21,213	822	0	1,279	8,073	41	16
1996	2000	916	-51	-5.57%	916	0	0	-51	1,883	2	2
1997	2000	10,030	23	0.23%	10,028	-2	0	23	8,370	12	2
1998	2000	1,205	159	13.20%	1,014	-191	0	159	963	2	0
1999	2000	35,227	926	2.63%	35,220	-7	0	926	13,978	29	13
2000	2000	41,846	871	2.08%	48,307	6,461	0	871	0	74	36
Total	2000	89,224	1,928	2.16%	95,485	6,261	0	1,928	25,194	119	53
1996	2001	916	-2	-0.22%	916	0	0	-2	1,774	2	2
1997	2001	9,999	-25	-0.25%	9,999	0	0	-25	8,230	12	2
1998	2001	1,176	-7	-0.60%	1,171	-5	0	-7	1,065	2	0
1999	2001	32,332	4,474	13.84%	32,216	-116	0	4,474	25,208	26	13
2000	2001	79,632	2,125	2.67%	79,329	-303	960	1,165	26,131	59	27
2001	2001	9,012	50,672	562.27%	10,649	1,637	0	50,672	0	18	10
Total	2001	133,067	57,237	43.01%	134,280	1,213	960	56,277	62,408	119	54
1996	2002	916	-6	-0.66%	916	0	0	-6	1,881	2	2
1997	2002	9,939	-79	-0.79%	9,939	0	0	-79	8,373	12	2
1998	2002	1,171	-9	-0.77%	1,171	0	0	-9	1,089	2	0
1999	2002	19,101	-1,483	-7.76%	18,746	-355	860	-2,343	-15,244	11	3
2000	2002	47,577	5,651	11.88%	47,092	-485	0	5,651	22,535	33	18
2001	2002	15,657	-49,441	-315.78%	15,665	8	706	-50,147	7,473	16	9
2002	2002	27,596	668	2.42%	29,630	2,034	0	668	-1,869	35	30
Total	2002	121,957	-44,699	-36.65%	123,159	1,202	1,566	-46,265	24,238	111	64
1996	2003	916	-31	-3.38%	916	0	0	-31	796	2	2
1997	2003	9,937	-344	-3.46%	9,939	2	0	-344	3,523	12	2
1998	2003	1,171	-41	-3.50%	1,171	0	0	-41	1,171	2	0
1999	2003	12,608	122,553	972.03%	12,612	4	10,300	112,253	5,379	11	3
2000	2003	37,085	-2,977	-8.03%	36,788	-297	0	-2,977	25,722	33	18
2001	2003	12,504	1,061	8.49%	12,428	-76	0	1,061	11,916	13	9
2002	2003	35,686	422	1.18%	35,272	-414	0	422	21,841	34	30
Total	2003	109,907	120,643	109.77%	109,126	-781	10,300	110,343	70,348	107	64

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

694 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Arkansas Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
1996	2004	1,066	-50	-4.69%	1,066	0	0	-50	1,896	2	2
1997	2004	11,434	73,665	644.26%	11,971	537	18,726	54,939	7,926	12	2
1998	2004	1,201	-28	-2.33%	1,262	61	0	-28	1,118	2	0
1999	2004	12,808	2,006	15.66%	12,965	157	29,560	-27,554	7,636	10	3
2000	2004	42,149	201,511	478.09%	43,810	1,661	23,677	177,834	27,061	32	17
2001	2004	13,440	-820	-6.10%	13,889	449	0	-820	10,842	12	8
2002	2004	38,518	864	2.24%	39,222	704	0	864	35,520	32	28
Total	2004	120,616	277,148	229.78%	124,185	3,569	71,963	205,185	91,999	102	60
1996	2005	1,116	13	1.16%	1,116	0	0	13	2,019	2	2
1997	2005	10,784	-48,213	-447.08%	10,624	-160	6,501	-54,714	4,325	11	2
1998	2005	1,407	12	0.85%	1,422	15	0	12	1,219	2	0
1999	2005	12,495	28,667	229.43%	12,495	0	29,200	-533	-8,023	8	1
2000	2005	42,936	-9,718	-22.63%	42,907	-29	59,831	-69,549	24,888	31	16
2001	2005	14,229	113	0.79%	14,229	0	0	113	12,813	12	8
2002	2005	40,073	375	0.94%	40,239	166	0	375	37,872	32	28
Total	2005	123,040	-28,751	-23.37%	123,032	-8	95,532	-124,283	75,113	98	57
1996	2006	1,116	274	24.55%	1,116	0	245	29	1,702	2	2
1997	2006	10,538	287	2.72%	10,186	-352	0	287	6,318	11	2
1998	2006	1,422	28	1.97%	1,422	0	0	28	1,120	2	0
1999	2006	10,113	31,623	312.70%	10,119	6	29,200	2,423	5,578	8	1
2000	2006	41,747	-34,884	-83.56%	41,571	-176	49,245	-84,129	24,623	30	16
2001	2006	14,263	191	1.34%	14,146	-117	0	191	12,869	12	8
2002	2006	37,873	260	0.69%	37,654	-219	0	260	30,021	31	27
Total	2006	117,072	-2,221	-1.90%	116,214	-858	78,690	-80,911	82,231	96	56
1996	2007	1,283	24	1.87%	1,283	0	0	24	2,109	2	2
1997	2007	11,655	239	2.05%	12,014	359	0	239	7,560	11	2
1998	2007	1,454	29	1.99%	1,525	71	0	29	1,203	2	0
1999	2007	10,717	29,099	271.52%	10,824	107	29,200	-101	-811	7	1
2000	2007	45,589	118,488	259.90%	45,999	410	29,889	88,599	30,986	30	16
2001	2007	15,942	382	2.40%	16,327	385	245	137	11,717	11	8
2002	2007	41,012	418	1.02%	41,275	263	0	418	39,731	31	27
Total	2007	127,652	148,679	116.47%	129,247	1,595	59,334	89,345	92,495	94	56
Grand	Total	979,698	532,088	54.31%	995,383	15,685	318,345	213,743	538,897		
Present Value - 4.50%											
Grand	Total	1,154,013	599,652	51.96%	1,174,691	20,678	343,495	256,157	616,796		

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

695 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Arkansas Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
1996	1996	196	11	5.61%	196	0	0	11	0	1	0
Total	1996	196	11	5.61%	196	0	0	11	0	1	0
1996	1997	705	17	2.41%	705	0	0	17	528	1	0
Total	1997	705	17	2.41%	705	0	0	17	528	1	0
1996	1998	705	107	15.18%	705	0	0	107	795	1	0
1998	1998	2,716	118	4.34%	3,701	985	0	118	0	6	2
Total	1998	3,421	225	6.58%	4,406	985	0	225	795	7	2
1996	1999	705	-16	-2.27%	705	0	0	-16	1,087	1	0
1998	1999	3,135	2	0.06%	2,852	-283	0	2	2,164	6	2
Total	1999	3,840	-14	-0.36%	3,557	-283	0	-14	3,251	7	2
1996	2000	705	2	0.28%	705	0	0	2	851	1	0
1998	2000	3,134	413	13.18%	3,128	-6	0	413	4,397	6	2
Total	2000	3,839	415	10.81%	3,833	-6	0	415	5,248	7	2
1996	2001	705	-1	-0.14%	705	0	0	-1	864	1	0
1998	2001	3,131	-6	-0.19%	2,852	-279	0	-6	4,628	6	2
2001	2001	784	15	1.91%	899	115	0	15	0	2	0
Total	2001	4,620	8	0.17%	4,456	-164	0	8	5,492	9	2
1996	2002	705	-5	-0.71%	705	0	0	-5	1,057	1	0
1998	2002	3,138	-20	-0.64%	3,128	-10	0	-20	5,304	6	2
2001	2002	1,718	43	2.50%	1,718	0	0	43	784	2	0
Total	2002	5,561	18	0.32%	5,551	-10	0	18	7,145	9	2
1996	2003	705	-24	-3.40%	705	0	0	-24	176	1	0
1998	2003	3,126	-110	-3.52%	3,128	2	0	-110	5,977	6	2
2001	2003	1,718	160	9.31%	1,575	-143	0	160	1,823	2	0
Total	2003	5,549	26	0.47%	5,408	-141	0	26	7,976	9	2
1996	2004	824	44	5.34%	824	0	0	44	814	1	0
1998	2004	3,516	102	2.90%	3,584	68	0	102	5,543	6	2
2001	2004	1,885	-80	-4.24%	2,054	169	0	-80	1,710	2	0
Total	2004	6,225	66	1.06%	6,462	237	0	66	8,067	9	2
1996	2005	864	20	2.31%	864	0	0	20	810	1	0
1998	2005	3,817	77	2.02%	3,671	-146	0	77	5,838	6	2
2001	2005	2,104	17	0.81%	2,104	0	0	17	1,839	2	0
Total	2005	6,785	114	1.68%	6,639	-146	0	114	8,487	9	2
1996	2006	864	34	3.94%	864	0	0	34	853	1	0
1998	2006	3,853	113	2.93%	4,548	695	0	113	6,253	6	2
2001	2006	2,101	19	0.90%	2,104	3	0	19	2,004	2	0
Total	2006	6,818	166	2.43%	7,516	698	0	166	9,110	9	2
1996	2007	994	29	2.92%	994	0	0	29	795	1	0
1998	2007	4,253	109	2.56%	4,463	210	0	109	6,275	6	2
2001	2007	670	-144	-21.49%	526	-144	0	-144	-8,160	0	0

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

695 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Arkansas Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
Total	2007	5,917	-6	-0.10%	5,983	66	0	-6	-1,090	7	2
Grand	Total	53,476	1,046	1.96%	54,712	1,236	0	1,046	55,009		
Present Value - 4.50%											
Grand	Total	64,301	1,355	2.11%	65,866	1,565	0	1,355	66,238		

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

698 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Arkansas Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
2001	2001	69,569	1,330	1.91%	88,523	18,954	0	1,330	13,288	127	65
Total	2001	69,569	1,330	1.91%	88,523	18,954	0	1,330	13,288	127	65
2001	2002	182,716	6,869	3.76%	182,226	-490	2,053	4,816	85,847	136	68
2002	2002	102,800	2,840	2.76%	107,912	5,112	0	2,840	58,819	122	54
Total	2002	285,516	9,709	3.40%	290,138	4,622	2,053	7,656	144,666	258	122
2001	2003	178,575	168,515	94.37%	177,425	-1,150	26,950	141,565	121,017	132	64
2002	2003	138,141	1,594	1.15%	138,248	107	0	1,594	44,016	120	52
Total	2003	316,716	170,109	53.71%	315,673	-1,043	26,950	143,159	165,033	252	116
2001	2004	198,345	-62,757	-31.64%	200,939	2,594	33,560	-96,317	134,116	127	62
2002	2004	151,156	3,175	2.10%	151,452	296	0	3,175	116,464	111	46
Total	2004	349,501	-59,582	-17.05%	352,391	2,890	33,560	-93,142	250,580	238	108
2001	2005	201,701	167,563	83.07%	203,089	1,388	66,317	101,246	136,550	123	61
2002	2005	153,765	234,405	152.44%	154,027	262	42,686	191,719	117,050	109	46
Total	2005	355,466	401,968	113.08%	357,116	1,650	109,003	292,965	253,600	232	107
2001	2006	193,120	90,173	46.69%	192,126	-994	75,280	14,893	145,161	118	59
2002	2006	151,987	102,781	67.62%	151,787	-200	99,291	3,490	194,409	108	46
Total	2006	345,107	192,954	55.91%	343,913	-1,194	174,571	18,383	339,570	226	105
2001	2007	199,579	190,414	95.41%	202,101	2,522	105,747	84,667	70,463	108	53
2002	2007	165,979	151,260	91.13%	166,754	775	94,680	56,580	96,596	102	45
Total	2007	365,558	341,674	93.47%	368,855	3,297	200,427	141,247	167,059	210	98
Grand	Total	2,087,433	1,058,162	50.69%	2,116,609	29,176	546,564	511,598	1,333,796		
Present Value - 4.50%											
Grand	Total	2,337,303	1,130,966	48.39%	2,373,651	36,348	574,882	556,084	1,479,190		

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

3358 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Nationwide Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
Total	1987	0	0	0.00%	0	0	0	0	0	1	0
1974	1988	1,108	326	29.42%	3,325	2,217	0	326	0	0	0
1987	1988	17,453	1,307	7.49%	33,378	15,925	0	1,307	0	62	26
1988	1988	10,128,576	1,967,357	19.42%	20,524,076	10,395,500	199,584	1,767,773	0	20,409	7,845
Total	1988	10,147,137	1,968,990	19.40%	20,560,779	10,413,642	199,584	1,769,406	0	20,471	7,871
1974	1989	2,217	308	13.89%	0	-2,217	0	308	0	0	0
1987	1989	23,108	35,743	154.68%	23,781	673	8,598	27,145	7,754	37	20
1988	1989	19,688,964	5,352,893	27.19%	16,898,776	-2,790,188	1,764,195	3,588,698	6,568	16,895	6,406
1989	1989	13,566,058	3,217,655	23.72%	22,910,155	9,344,097	121,229	3,096,426	0	21,251	7,719
Total	1989	33,280,347	8,606,599	25.86%	39,832,712	6,552,365	1,894,022	6,712,577	14,322	38,183	14,145
1974	1990	0	-634	0.00%	0	0	0	-634	0	0	0
1987	1990	22,691	-13,604	-59.95%	17,567	-5,124	11,093	-24,697	13,844	31	14
1988	1990	14,756,587	8,607,515	58.33%	13,131,319	-1,625,268	4,563,660	4,043,855	2,005,501	13,176	5,011
1989	1990	19,674,129	4,298,199	21.85%	16,936,308	-2,737,821	2,050,601	2,247,598	651,837	16,132	6,107
1990	1990	4,716,780	856,309	18.15%	7,911,848	3,195,068	15,246	841,063	164,078	6,756	4,566
Total	1990	39,170,187	13,747,785	35.10%	37,997,042	-1,173,145	6,640,600	7,107,185	2,835,260	36,095	15,698
1987	1991	18,371	3,499	19.05%	15,722	-2,649	5,155	-1,656	2,527	24	12
1988	1991	12,212,924	6,808,954	55.75%	11,407,221	-805,703	6,752,175	56,779	5,072,377	11,119	4,216
1989	1991	15,166,962	6,334,913	41.77%	14,010,037	-1,156,925	3,818,976	2,515,937	2,336,544	13,018	4,958
1990	1991	7,246,164	1,347,077	18.59%	6,604,659	-641,505	401,946	945,131	-164,078	5,524	4,102
1991	1991	3,184,724	340,677	10.70%	5,199,135	2,014,411	20,421	320,256	0	4,084	4,539
Total	1991	37,829,145	14,835,120	39.22%	37,236,774	-592,371	10,998,673	3,836,447	7,247,370	33,769	17,827
1987	1992	17,097	64,001	374.34%	18,298	1,201	4,240	59,761	2,921	15	7
1988	1992	10,706,668	7,032,144	65.68%	10,162,281	-544,387	7,334,235	-302,091	3,675,542	9,670	4,234
1989	1992	13,057,856	6,087,611	46.62%	12,528,142	-529,714	5,623,141	464,470	5,059,628	11,427	4,754
1990	1992	5,982,165	2,431,278	40.64%	5,630,510	-351,655	1,262,852	1,168,426	1,243,169	4,678	2,993
1991	1992	4,891,835	1,003,724	20.52%	4,543,813	-348,022	240,628	763,096	27,544	3,436	3,572
1992	1992	933,067	103,062	11.05%	1,273,751	340,684	10,980	92,082	3,217	953	1,143
Total	1992	35,588,688	16,721,820	46.99%	34,156,795	-1,431,893	14,476,076	2,245,744	10,012,021	30,179	16,703
1987	1993	12,942	-27,022	-208.79%	11,392	-1,550	7,515	-34,537	465	12	6
1988	1993	9,463,881	7,105,078	75.08%	8,915,708	-548,173	7,401,937	-296,859	2,485,160	8,574	3,793
1989	1993	11,499,132	7,914,852	68.83%	10,917,759	-581,373	6,769,406	1,145,446	3,649,851	10,023	4,231
1990	1993	5,158,443	2,924,372	56.69%	4,881,976	-276,467	2,063,199	861,173	1,917,527	4,050	2,664
1991	1993	3,965,122	1,090,468	27.50%	3,695,163	-269,959	516,085	574,383	757,370	2,872	2,997
1992	1993	1,079,089	142,861	13.24%	1,005,966	-73,123	39,391	103,470	209,652	740	937
1993	1993	9,282	287	3.09%	17,110	7,828	0	287	985	1	31
Total	1993	31,187,891	19,150,896	61.40%	29,445,074	-1,742,817	16,797,533	2,353,363	9,021,010	26,272	14,659
1987	1994	13,113	11,752	89.62%	12,496	-617	19,995	-8,243	4,546	12	6
1988	1994	8,347,182	7,252,970	86.89%	7,808,845	-538,337	6,772,177	480,793	1,812,403	7,672	3,481
1989	1994	10,122,756	7,366,046	72.77%	9,626,247	-496,509	7,066,010	300,036	2,847,297	9,013	3,868
1990	1994	4,573,064	2,763,464	60.43%	4,365,710	-207,354	2,536,257	227,207	1,517,678	3,661	2,432
1991	1994	3,357,291	1,971,531	58.72%	3,188,893	-168,398	928,134	1,043,397	1,159,268	2,488	2,614
1992	1994	903,974	333,889	36.94%	864,050	-39,924	134,634	199,255	313,664	637	820

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

3358 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Nationwide Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
1993	1994	14,761	763	5.17%	12,507	-2,254	0	763	1,880	1	25
1994	1994	1,041	31	2.98%	1,258	217	0	31	0	0	3
Total	1994	27,333,182	19,700,446	72.08%	25,880,006	-1,453,176	17,457,207	2,243,239	7,656,736	23,484	13,249
1987	1995	11,312	-14,765	-130.53%	11,849	537	2,360	-17,125	-6,751	8	4
1988	1995	7,509,677	8,323,190	110.83%	7,303,047	-206,630	7,292,281	1,030,909	617,183	6,646	3,093
1989	1995	9,085,587	6,241,289	68.69%	8,837,624	-247,963	6,851,186	-609,897	1,400,940	7,794	3,398
1990	1995	4,192,021	3,153,794	75.23%	4,117,152	-74,869	2,708,246	445,548	950,795	3,179	2,159
1991	1995	2,999,622	1,846,836	61.57%	2,917,824	-81,798	1,376,162	470,674	766,551	2,118	2,252
1992	1995	808,097	404,858	50.10%	816,116	8,019	219,638	185,220	220,878	549	693
1993	1995	11,183	695	6.21%	11,593	410	0	695	2,159	1	19
1994	1995	1,258	34	2.70%	1,258	0	0	34	213	0	3
Total	1995	24,618,757	19,955,931	81.06%	24,016,463	-602,294	18,449,873	1,506,058	3,951,968	20,295	11,621
1987	1996	10,400	-26	-0.25%	10,400	0	0	-26	2,210	8	4
1988	1996	6,821,786	7,027,990	103.02%	6,425,552	-396,234	7,484,327	-456,337	612,774	5,943	2,837
1989	1996	8,188,816	6,859,509	83.77%	7,721,583	-467,233	6,780,822	78,687	1,042,640	6,928	3,075
1990	1996	3,847,234	3,687,689	95.85%	3,660,841	-186,393	2,900,883	786,806	676,277	2,840	1,946
1991	1996	2,731,389	2,959,102	108.34%	2,604,495	-126,894	1,959,300	999,802	609,722	1,894	2,036
1992	1996	735,226	301,864	41.06%	688,839	-46,387	311,440	-9,576	157,851	485	606
1993	1996	10,428	112,679	1080.54%	10,335	-93	0	112,679	2,105	1	18
1994	1996	1,258	171	13.59%	1,359	101	0	171	409	0	3
Total	1996	22,346,537	20,948,978	93.75%	21,123,404	-1,223,133	19,436,772	1,512,206	3,103,988	18,099	10,525
1987	1997	10,432	47,359	453.98%	9,308	-1,124	13,280	34,079	1,099	8	4
1988	1997	6,040,827	7,390,484	122.34%	5,683,512	-357,315	7,415,870	-25,386	-404,114	5,325	2,606
1989	1997	7,255,006	7,056,313	97.26%	6,923,751	-331,255	6,784,499	271,814	62,698	6,203	2,781
1990	1997	3,463,481	3,616,438	104.42%	3,330,146	-133,335	3,171,947	444,491	427,043	2,612	1,841
1991	1997	2,470,866	2,012,060	81.43%	2,367,389	-103,477	2,055,821	-43,761	800,808	1,730	1,916
1992	1997	655,795	353,100	53.84%	647,703	-8,092	282,576	70,524	207,080	451	559
1993	1997	9,186	-112,680	-1226.65%	6,414	-2,772	0	-112,680	-1,905	0	15
1994	1997	1,259	12	0.95%	1,157	-102	0	12	374	0	3
Total	1997	19,906,852	20,363,086	102.29%	18,969,380	-937,472	19,723,993	639,093	1,093,083	16,329	9,725
1987	1998	9,243	-19,735	-213.51%	6,071	-3,172	14,322	-34,057	475	7	4
1988	1998	5,441,701	5,369,486	98.67%	5,209,636	-232,065	6,582,376	-1,212,890	747,832	4,785	2,375
1989	1998	6,577,284	6,638,433	100.93%	6,339,247	-238,037	6,513,840	124,593	1,460,747	5,642	2,562
1990	1998	3,202,628	3,454,192	107.85%	3,115,956	-86,672	3,357,367	96,825	708,097	2,413	1,644
1991	1998	2,298,518	1,939,165	84.37%	2,266,354	-32,164	2,021,340	-82,175	493,325	1,632	1,725
1992	1998	631,541	827,764	131.07%	627,562	-3,979	387,801	439,963	179,621	435	504
1993	1998	6,512	-449	-6.89%	5,346	-1,166	0	-449	897	4	10
1994	1998	1,316	36	2.74%	1,333	17	0	36	336	1	2
Total	1998	18,168,743	18,208,892	100.22%	17,571,505	-597,238	18,877,046	-668,154	3,591,330	14,919	8,826
1978	1999	703	202	28.73%	1,203	500	0	202	1,030	1	1
1981	1999	446	179	40.13%	1,066	620	0	179	1,418	1	0
1983	1999	274	138	50.36%	823	549	0	138	3,859	1	0
1984	1999	950	407	42.84%	2,085	1,135	0	407	3,795	2	0
1985	1999	726	133	18.32%	793	67	0	133	1,605	1	0
1986	1999	1,082	40,575	3750.00%	1,183	101	0	40,575	3,322	1	0

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

3358 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Nationwide Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
1987	1999	5,369	-240	-4.47%	4,194	-1,175	600	-840	5,134	7	5
1988	1999	5,024,265	5,059,928	100.71%	4,684,447	-339,818	6,131,086	-1,071,158	-674,706	4,263	2,349
1989	1999	6,107,830	4,500,288	73.68%	5,827,119	-280,711	6,418,228	-1,917,940	-376,195	5,072	2,731
1990	1999	3,043,853	2,858,506	93.91%	2,879,680	-164,173	3,451,073	-592,567	72,643	2,158	1,630
1991	1999	2,209,010	1,822,624	82.51%	2,076,325	-132,685	2,026,664	-204,040	98,012	1,433	1,676
1992	1999	602,592	87,275	14.48%	573,574	-29,018	432,545	-345,270	34,132	370	503
1993	1999	6,876	-100	-1.45%	8,152	1,276	0	-100	660	0	14
1994	1999	1,439	-17	-1.18%	1,456	17	0	-17	252	0	3
Total	1999	17,005,415	14,369,898	84.50%	16,062,100	-943,315	18,460,196	-4,090,298	-825,039	13,310	8,912
1978	2000	500	-202	-40.40%	0	-500	0	-202	-1,030	0	0
1981	2000	620	-179	-28.87%	0	-620	0	-179	-1,418	0	0
1983	2000	549	-138	-25.14%	0	-549	0	-138	-3,859	0	0
1984	2000	1,467	-407	-27.74%	332	-1,135	0	-407	-3,795	0	0
1985	2000	464	-133	-28.66%	397	-67	0	-133	-1,605	0	0
1986	2000	639	-33,850	-5297.34%	538	-101	6,725	-40,575	-3,322	0	0
1987	2000	5,028	-268	-5.33%	4,259	-769	0	-268	-7,848	5	3
1988	2000	4,469,022	7,299,221	163.33%	4,197,926	-271,096	6,307,370	991,851	-555,690	3,801	2,141
1989	2000	5,512,656	7,237,911	131.30%	5,247,804	-264,852	6,388,211	849,700	-110,479	4,605	2,524
1990	2000	2,768,459	4,127,197	149.08%	2,636,279	-132,180	3,736,300	390,897	27,203	1,975	1,538
1991	2000	2,005,868	2,176,372	108.50%	1,929,349	-76,519	2,105,671	70,701	38,379	1,324	1,557
1992	2000	560,547	419,673	74.87%	548,607	-11,940	410,472	9,201	43,456	344	471
1993	2000	6,977	92,352	1323.66%	5,670	-1,307	0	92,352	865	0	14
1994	2000	1,458	32	2.19%	1,417	-41	0	32	269	0	3
Total	2000	15,334,254	21,317,581	139.02%	14,572,578	-761,676	18,954,749	2,362,832	-578,874	12,054	8,251
1987	2001	3,950	-23	-0.58%	3,534	-416	0	-23	-2,601	4	2
1988	2001	3,927,105	5,655,947	144.02%	3,814,433	-112,672	6,446,801	-790,854	-698,569	3,399	1,952
1989	2001	4,831,176	5,787,670	119.80%	4,684,667	-146,509	6,622,931	-835,261	-779,040	4,083	2,279
1990	2001	2,442,830	3,278,606	134.21%	2,410,154	-32,676	3,838,214	-559,608	-174,997	1,756	1,425
1991	2001	1,845,486	2,091,214	113.32%	1,821,620	-23,866	2,252,046	-160,832	96,244	1,220	1,441
1992	2001	514,125	664,678	129.28%	512,215	-1,910	529,081	135,597	74,595	323	456
1993	2001	6,997	87,224	1246.59%	8,606	1,609	0	87,224	816	0	14
1994	2001	1,028	-52	-5.06%	888	-140	0	-52	-324	0	2
Total	2001	13,572,697	17,565,264	129.42%	13,256,117	-316,580	19,689,073	-2,123,809	-1,483,876	10,785	7,571
1987	2002	4,620	119	2.58%	5,034	414	0	119	906	4	2
1988	2002	3,817,613	6,247,229	163.64%	3,708,064	-109,549	6,551,616	-304,387	-1,114,632	2,999	1,757
1989	2002	4,707,011	5,715,198	121.42%	4,612,750	-94,261	6,266,571	-551,373	-1,077,100	3,622	2,072
1990	2002	2,423,351	2,951,862	121.81%	2,379,025	-44,326	3,594,255	-642,393	-381,112	1,561	1,308
1991	2002	1,861,042	2,639,114	141.81%	1,831,079	-29,963	2,525,428	113,686	-198,065	1,096	1,321
1992	2002	534,113	508,250	95.16%	532,119	-1,994	529,272	-21,022	-42,530	295	406
1993	2002	7,905	-138,587	-1753.16%	6,192	-1,713	0	-138,587	281	0	14
1994	2002	1,045	22	2.11%	1,105	60	0	22	119	0	2
Total	2002	13,356,700	17,923,207	134.19%	13,075,368	-281,332	19,467,142	-1,543,935	-2,812,133	9,577	6,882
1987	2003	5,000	-115	-2.30%	6,427	1,427	0	-115	404	4	2
1988	2003	3,646,512	7,242,428	198.61%	3,584,318	-62,194	6,335,038	907,390	-1,320,690	2,601	1,542
1989	2003	4,595,484	6,706,646	145.94%	4,615,880	20,396	5,859,103	847,543	-1,218,769	3,183	1,874
1990	2003	2,364,500	4,582,026	193.78%	2,355,170	-9,330	3,573,795	1,008,231	-516,346	1,365	1,159

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

3358 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Nationwide Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
1991	2003	1,826,136	2,976,217	162.98%	1,827,913	1,777	2,369,531	606,686	-238,180	958	1,184
1992	2003	543,646	1,350,503	248.42%	548,778	5,132	739,003	611,500	31,299	273	387
1993	2003	8,313	53,646	645.33%	10,198	1,885	0	53,646	1,759	0	14
1994	2003	1,058	-52	-4.91%	1,174	116	0	-52	341	0	2
Total	2003	12,990,649	22,911,299	176.37%	12,949,858	-40,791	18,876,470	4,034,829	-3,260,182	8,384	6,164
1987	2004	5,705	1,162	20.37%	5,705	0	0	1,162	566	4	2
1988	2004	3,383,752	6,608,924	195.31%	3,169,312	-214,440	5,864,389	744,535	-1,212,220	2,252	1,393
1989	2004	4,328,761	6,689,822	154.54%	4,051,360	-277,401	5,659,765	1,030,057	-1,235,126	2,793	1,651
1990	2004	2,247,986	3,157,396	140.45%	2,125,102	-122,884	3,426,657	-269,261	-390,793	1,208	1,048
1991	2004	1,763,197	2,833,906	160.73%	1,703,227	-59,970	2,427,950	405,956	-195,840	854	1,072
1992	2004	538,461	426,462	79.20%	529,093	-9,368	629,780	-203,318	-64,197	245	352
1993	2004	9,938	3,808	38.32%	8,453	-1,485	3,710	98	-41	0	14
1994	2004	1,286	43	3.34%	1,141	-145	0	43	91	0	2
Total	2004	12,279,086	19,721,523	160.61%	11,593,393	-685,693	18,012,251	1,709,272	-3,097,560	7,356	5,534
1987	2005	3,744	7,800	208.33%	1,789	-1,955	8,208	-408	-5,902	3	2
1988	2005	2,869,092	2,537,748	88.45%	2,653,927	-215,165	5,058,680	-2,520,932	-1,301,479	1,933	1,211
1989	2005	3,747,708	4,659,015	124.32%	3,525,022	-222,686	5,519,451	-860,436	-1,311,509	2,439	1,500
1990	2005	1,976,107	2,153,948	109.00%	1,901,128	-74,979	2,748,852	-594,904	-542,302	1,056	949
1991	2005	1,537,066	734,841	47.81%	1,459,711	-77,355	1,902,771	-1,167,930	-312,468	750	963
1992	2005	467,567	512,057	109.52%	450,375	-17,192	557,210	-45,153	-111,806	213	307
1993	2005	9,072	37,343	411.63%	8,741	-331	25,550	11,793	378	0	12
1994	2005	1,315	26	1.98%	1,315	0	0	26	59	0	2
Total	2005	10,611,671	10,642,778	100.29%	10,002,008	-609,663	15,820,722	-5,177,944	-3,585,029	6,394	4,946
1987	2006	3,947	415	10.51%	6,075	2,128	0	415	-927	3	2
1988	2006	2,426,854	4,494,907	185.22%	2,302,605	-124,249	4,364,052	130,855	-1,090,194	1,660	1,088
1989	2006	3,289,538	5,159,728	156.85%	3,150,136	-139,402	5,090,527	69,201	-1,204,810	2,149	1,351
1990	2006	1,761,373	3,001,985	170.43%	1,711,847	-49,526	2,780,480	221,505	-450,475	937	865
1991	2006	1,345,934	1,556,618	115.65%	1,294,383	-51,551	1,693,632	-137,014	-334,075	661	858
1992	2006	412,856	441,980	107.05%	411,334	-1,522	491,612	-49,632	-103,802	191	274
1993	2006	8,479	32,481	383.08%	8,741	262	14,090	18,391	-1,445	0	11
1994	2006	1,323	24	1.81%	1,431	108	0	24	18	0	2
Total	2006	9,250,304	14,688,138	158.79%	8,886,552	-363,752	14,434,393	253,745	-3,185,710	5,601	4,451
1987	2007	3,928	-127	-3.23%	4,120	192	0	-127	-179	3	2
1988	2007	2,169,564	3,868,663	178.32%	2,048,916	-120,648	4,125,531	-256,868	-1,094,011	1,422	952
1989	2007	2,945,413	4,011,812	136.21%	2,808,128	-137,285	4,891,197	-879,385	-1,256,851	1,846	1,184
1990	2007	1,627,900	2,440,001	149.89%	1,560,287	-67,613	2,709,395	-269,394	-590,663	815	763
1991	2007	1,215,371	1,575,188	129.61%	1,143,557	-71,814	1,773,302	-198,114	-392,578	580	750
1992	2007	385,405	435,758	113.06%	372,465	-12,940	553,399	-117,641	-85,220	171	245
1993	2007	6,256	-58,777	-939.53%	5,652	-604	11,690	-70,467	-1,592	0	8
1994	2007	1,308	16	1.22%	1,257	-51	0	16	-10	0	2
Total	2007	8,355,145	12,272,534	146.89%	7,944,382	-410,763	14,064,514	-1,791,980	-3,421,104	4,837	3,906
Grand	Total	412,333,387	325,620,765	78.97%	415,132,290	2,798,903	302,730,889	22,889,876	26,277,581		
Present Value - 4.50%											
Grand	Total	705,690,937	495,599,442	70.23%	721,165,114	15,474,177	443,935,028	51,664,414	63,620,479		

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

4458 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Nationwide Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
1990	1990	20,832	2,512	12.06%	35,223	14,391	0	2,512	0	31	0
Total	1990	20,832	2,512	12.06%	35,223	14,391	0	2,512	0	31	0
1990	1991	34,428	-330	-0.96%	34,511	83	0	-330	0	26	0
1991	1991	11,423	963	8.43%	16,444	5,021	0	963	0	18	0
Total	1991	45,851	633	1.38%	50,955	5,104	0	633	0	44	0
1990	1992	28,598	866	3.03%	28,373	-225	0	866	14,493	23	0
1991	1992	20,041	456	2.28%	19,303	-738	0	456	0	21	0
1992	1992	1,930	163	8.45%	2,555	625	0	163	0	2	0
Total	1992	50,569	1,485	2.94%	50,231	-338	0	1,485	14,493	46	0
1990	1993	27,119	3,469	12.79%	25,392	-1,727	2,851	618	25,694	20	0
1991	1993	17,431	968	5.55%	17,685	254	0	968	8,935	18	0
1992	1993	4,004	131	3.27%	5,467	1,463	0	131	1,576	4	0
Total	1993	48,554	4,568	9.41%	48,544	-10	2,851	1,717	36,205	42	0
1990	1994	21,897	9,776	44.65%	18,844	-3,053	10,409	-633	10,928	16	0
1991	1994	15,525	1,886	12.15%	14,615	-910	2,024	-138	15,167	16	0
1992	1994	3,991	337	8.44%	3,991	0	0	337	3,145	4	0
Total	1994	41,413	11,999	28.97%	37,450	-3,963	12,433	-434	29,240	36	0
1990	1995	19,102	2,167	11.34%	18,879	-223	2,198	-31	17,487	15	0
1991	1995	12,256	7,610	62.09%	10,551	-1,705	7,825	-215	4,395	13	0
1992	1995	2,669	1,279	47.92%	1,193	-1,476	1,397	-118	-1	2	0
Total	1995	34,027	11,056	32.49%	30,623	-3,404	11,420	-364	21,881	30	0
1990	1996	18,840	1,553	8.24%	18,840	0	1,418	135	20,625	15	0
1991	1996	10,329	2,931	28.38%	10,243	-86	3,183	-252	7,475	12	0
1992	1996	2,515	-1	-0.04%	2,515	0	0	-1	1,923	2	0
Total	1996	31,684	4,483	14.15%	31,598	-86	4,601	-118	30,023	29	0
1990	1997	17,970	6,094	33.91%	16,964	-1,006	2,078	4,016	11,302	12	0
1991	1997	9,239	-5	-0.05%	9,305	66	0	-5	10,703	12	0
1992	1997	2,521	-7	-0.28%	2,515	-6	0	-7	270	2	0
Total	1997	29,730	6,082	20.46%	28,784	-946	2,078	4,004	22,275	26	0
1990	1998	13,129	23,303	177.49%	11,331	-1,798	27,902	-4,599	-16,595	10	0
1991	1998	9,218	55	0.60%	9,219	1	0	55	11,581	12	0
1992	1998	2,508	72	2.87%	2,515	7	0	72	2,085	2	0
Total	1998	24,855	23,430	94.27%	23,065	-1,790	27,902	-4,472	-2,929	24	0
1990	1999	11,320	-620	-5.48%	11,331	11	0	-620	-18,817	10	0
1991	1999	9,208	-229	-2.49%	9,219	11	0	-229	-6,516	12	0
1992	1999	2,369	-118	-4.98%	2,515	146	0	-118	3,595	2	0
Total	1999	22,897	-967	-4.22%	23,065	168	0	-967	-21,738	24	0
1990	2000	11,360	55	0.48%	9,729	-1,631	0	55	103,971	10	0
1991	2000	9,230	52	0.56%	9,219	-11	0	52	77,631	12	0
1992	2000	2,516	106	4.21%	2,515	-1	0	106	19,976	2	0

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

4458 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Nationwide Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
Total	2000	23,106	213	0.92%	21,463	-1,643	0	213	201,578	24	0
1990	2001	11,537	27	0.23%	11,537	0	0	27	19,194	10	0
1991	2001	9,256	13	0.14%	9,154	-102	0	13	18,978	12	0
1992	2001	2,515	60	2.39%	2,515	0	0	60	4,649	2	0
Total	2001	23,308	100	0.43%	23,206	-102	0	100	42,821	24	0
1990	2002	11,537	-72	-0.62%	11,537	0	0	-72	17,998	10	0
1991	2002	9,272	-48	-0.52%	9,272	0	0	-48	18,328	12	0
1992	2002	2,515	15	0.60%	2,515	0	0	15	4,564	2	0
Total	2002	23,324	-105	-0.45%	23,324	0	0	-105	40,890	24	0
1990	2003	12,365	-301	-2.43%	13,044	679	0	-301	35,667	10	0
1991	2003	11,188	-94	-0.84%	11,766	578	0	-94	29,023	12	0
1992	2003	2,553	-125	-4.90%	2,676	123	0	-125	6,147	2	0
Total	2003	26,106	-520	-1.99%	27,486	1,380	0	-520	70,837	24	0
1990	2004	13,080	3,456	26.42%	13,063	-17	0	3,456	17,810	10	0
1991	2004	10,711	1,505	14.05%	11,094	383	0	1,505	28,233	12	0
1992	2004	2,988	109	3.65%	3,016	28	0	109	8,596	2	0
Total	2004	26,779	5,070	18.93%	27,173	394	0	5,070	54,639	24	0
1990	2005	13,063	508	3.89%	13,063	0	0	508	16,872	10	0
1991	2005	11,072	461	4.16%	11,091	19	0	461	21,609	12	0
1992	2005	3,016	130	4.31%	3,016	0	0	130	4,678	2	0
Total	2005	27,151	1,099	4.05%	27,170	19	0	1,099	43,159	24	0
1990	2006	13,393	725	5.41%	13,804	411	0	725	-39,388	10	0
1991	2006	10,472	6,775	64.70%	10,139	-333	6,349	426	-58,299	11	0
1992	2006	3,024	146	4.83%	3,016	-8	0	146	-10,308	2	0
Total	2006	26,889	7,646	28.44%	26,959	70	6,349	1,297	-107,995	23	0
1990	2007	14,097	20,379	144.56%	13,634	-463	20,280	99	-7,411	9	0
1991	2007	10,678	12,658	118.54%	10,439	-239	12,581	77	10,857	10	0
1992	2007	3,436	139	4.05%	3,619	183	0	139	9,465	2	0
Total	2007	28,211	33,176	117.60%	27,692	-519	32,861	315	12,911	21	0
Grand	Total	555,286	111,960	20.16%	564,011	8,725	100,495	11,465	488,290		
Present Value - 4.50%											
Grand	Total	861,236	155,922	18.10%	883,775	22,539	138,335	17,587	707,127		

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

691 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Nationwide Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
1991	1991	11,571	16,925	146.27%	28,061	16,490	0	16,925	0	18	7
Total	1991	11,571	16,925	146.27%	28,061	16,490	0	16,925	0	18	7
1991	1992	73,696	-8,124	-11.02%	88,001	14,305	4,197	-12,321	0	47	20
1992	1992	542,317	64,610	11.91%	1,279,758	737,441	0	64,610	0	1,185	562
Total	1992	616,013	56,486	9.17%	1,367,759	751,746	4,197	52,289	0	1,232	582
1991	1993	53,106	2,579	4.86%	43,738	-9,368	0	2,579	20,309	39	15
1992	1993	1,428,476	454,974	31.85%	1,311,532	-116,944	72,318	382,656	396,341	1,090	528
1993	1993	428,356	14,621	3.41%	742,356	314,000	400	14,221	2,302	699	216
Total	1993	1,909,938	472,174	24.72%	2,097,626	187,688	72,718	399,456	418,952	1,828	759
1991	1994	39,046	-1,734	-4.44%	33,604	-5,442	0	-1,734	19,709	28	13
1992	1994	1,170,844	293,826	25.10%	1,072,223	-98,621	205,516	88,310	655,421	942	479
1993	1994	777,272	241,313	31.05%	733,595	-43,677	8,286	233,027	212,385	655	205
1994	1994	294,761	11,283	3.83%	449,956	155,195	0	11,283	1,742	452	123
Total	1994	2,281,923	544,688	23.87%	2,289,378	7,455	213,802	330,886	889,257	2,077	820
1991	1995	27,629	-943	-3.41%	23,849	-3,780	0	-943	10,213	23	10
1992	1995	1,015,663	636,444	62.66%	964,538	-51,125	294,585	341,859	526,496	845	429
1993	1995	680,530	255,018	37.47%	652,356	-28,174	82,589	172,429	358,225	597	186
1994	1995	456,948	50,318	11.01%	430,930	-26,018	0	50,318	131,582	423	121
1995	1995	465,530	88,776	19.07%	700,820	235,290	14,590	74,186	31,755	755	120
Total	1995	2,646,300	1,029,613	38.91%	2,772,493	126,193	391,764	637,849	1,058,271	2,643	866
1991	1996	25,964	71	0.27%	25,847	-117	105	-34	15,380	21	10
1992	1996	935,710	296,922	31.73%	889,926	-45,784	411,284	-114,362	487,818	784	402
1993	1996	606,651	333,724	55.01%	578,983	-27,668	160,131	173,593	281,033	523	167
1994	1996	405,161	93,698	23.13%	391,096	-14,065	22,761	70,937	232,682	377	114
1995	1996	714,883	286,522	40.08%	698,853	-16,030	70,918	215,604	218,614	702	112
1996	1996	94,233	59,896	63.56%	155,592	61,359	0	59,896	260	130	38
Total	1996	2,782,602	1,070,833	38.48%	2,740,297	-42,305	665,199	405,634	1,235,787	2,537	843
1991	1997	23,731	192	0.81%	20,612	-3,119	0	192	14,049	20	10
1992	1997	848,436	708,731	83.53%	808,070	-40,366	462,701	246,030	452,990	722	382
1993	1997	535,033	485,248	90.69%	508,924	-26,109	245,236	240,012	220,814	463	147
1994	1997	375,982	173,332	46.10%	365,681	-10,301	56,092	117,240	205,705	354	107
1995	1997	665,541	623,454	93.68%	657,801	-7,740	266,287	357,167	406,340	663	109
1996	1997	194,782	214,422	110.08%	211,929	17,147	41,834	172,588	56,813	142	42
1997	1997	64,216	23,998	37.37%	103,836	39,620	0	23,998	61,329	77	19
Total	1997	2,707,721	2,229,377	82.33%	2,676,853	-30,868	1,072,150	1,157,227	1,418,040	2,441	816
1991	1998	20,443	-468	-2.29%	20,284	-159	0	-468	4,805	19	9
1992	1998	788,716	506,539	64.22%	750,910	-37,806	422,020	84,519	399,487	677	361
1993	1998	499,618	649,079	129.92%	481,505	-18,113	406,598	242,481	245,726	442	136
1994	1998	352,859	102,625	29.08%	339,474	-13,385	133,031	-30,406	178,544	328	101
1995	1998	628,856	439,397	69.87%	607,617	-21,239	356,762	82,635	366,049	625	106
1996	1998	188,048	107,843	57.35%	185,483	-2,565	85,650	22,193	115,522	137	42
1997	1998	110,062	-17,471	-15.87%	110,627	565	1,330	-18,801	-27,101	79	21
1998	1998	8,968	382	4.26%	11,946	2,978	0	382	0	15	2

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

691 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Nationwide Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
Total	1998	2,597,570	1,787,926	68.83%	2,507,846	-89,724	1,405,391	382,535	1,283,032	2,322	778
1985	1999	1,113	448	40.25%	2,660	1,547	0	448	9,184	1	2
1986	1999	1,207	222	18.39%	1,319	112	0	222	2,253	1	0
1987	1999	669	269	40.21%	1,600	931	0	269	7,114	1	1
1988	1999	147,354	762,637	517.55%	236,517	89,163	230,939	531,698	1,493,649	225	40
1989	1999	110,237	324,462	294.33%	168,955	58,718	94,684	229,778	1,025,211	191	38
1990	1999	64,804	234,108	361.26%	96,833	32,029	44,992	189,116	443,869	87	16
1991	1999	97,122	244,014	251.24%	123,636	26,514	100,724	143,290	443,103	106	26
1992	1999	760,093	438,260	57.66%	740,965	-19,128	527,603	-89,343	469,816	659	339
1993	1999	472,360	394,089	83.43%	466,197	-6,163	496,038	-101,949	178,864	410	124
1994	1999	333,103	241,314	72.44%	328,317	-4,786	137,572	103,742	146,013	306	93
1995	1999	280,313	-706,298	-251.97%	132,259	-148,054	0	-706,298	-722,254	122	24
1996	1999	123,854	-150,034	-121.14%	70,289	-53,565	36,445	-186,479	-33,532	56	24
1997	1999	55,761	36,388	65.26%	25,481	-30,280	10,000	26,388	-12,311	22	4
1998	1999	8,215	-113	-1.38%	9,237	1,022	0	-113	814	5	0
1999	1999	4,235	101	2.38%	6,257	2,022	0	101	0	5	0
Total	1999	2,460,440	1,819,867	73.97%	2,410,522	-49,918	1,678,997	140,870	3,451,793	2,197	731
1985	2000	1,547	-448	-28.96%	0	-1,547	0	-448	-9,184	0	0
1986	2000	1,431	-222	-15.51%	1,319	-112	0	-222	-2,253	0	0
1987	2000	931	-269	-28.89%	0	-931	0	-269	-7,114	0	0
1988	2000	195,796	-394,819	-201.65%	106,633	-89,163	136,879	-531,698	-1,493,649	0	0
1989	2000	139,020	-192,052	-138.15%	80,302	-58,718	37,726	-229,778	-1,025,211	0	0
1990	2000	89,673	-156,414	-174.43%	57,644	-32,029	32,702	-189,116	-443,869	0	0
1991	2000	104,760	-99,488	-94.97%	77,116	-27,644	44,187	-143,675	-418,260	19	9
1992	2000	724,785	1,272,027	175.50%	688,515	-36,270	780,974	491,053	251,909	595	326
1993	2000	448,823	552,356	123.07%	435,241	-13,582	502,110	50,246	209,498	391	125
1994	2000	309,028	424,127	137.25%	300,561	-8,467	232,139	191,988	138,190	283	89
1995	2000	180,104	1,380,011	766.23%	302,654	122,550	336,904	1,043,107	2,756,910	563	98
1996	2000	92,550	588,898	636.30%	140,583	48,033	130,936	457,962	660,011	130	40
1997	2000	31,746	127,326	401.08%	56,908	25,162	43,094	84,232	423,973	73	19
1998	2000	8,929	2,352	26.34%	9,921	992	0	2,352	49,149	13	2
1999	2000	6,989	148	2.12%	6,956	-33	0	148	1,109	5	0
2000	2000	2,790	57	2.04%	3,455	665	0	57	3,912	4	1
Total	2000	2,338,902	3,503,590	149.80%	2,267,808	-71,094	2,277,651	1,225,939	1,095,121	2,076	709
1991	2001	20,616	38,038	184.51%	21,008	392	4,375	33,663	15,069	19	9
1992	2001	649,324	570,665	87.89%	641,511	-7,813	778,119	-207,454	283,890	551	311
1993	2001	429,610	775,364	180.48%	440,410	10,800	533,176	242,188	162,624	372	119
1994	2001	294,338	595,755	202.41%	298,517	4,179	344,025	251,730	134,262	266	85
1995	2001	517,175	379,401	73.36%	523,929	6,754	526,454	-147,053	52,584	521	94
1996	2001	172,599	457,799	265.24%	171,103	-1,496	240,311	217,488	-18,593	118	35
1997	2001	100,045	158,565	158.49%	102,351	2,306	87,077	71,488	32,283	73	19
1998	2001	13,939	76	0.55%	12,729	-1,210	0	76	6,628	12	2
1999	2001	7,672	1,176	15.33%	7,673	1	0	1,176	3,376	5	0
2000	2001	3,284	55	1.67%	2,983	-301	0	55	969	2	1
2001	2001	1,547	30	1.94%	1,608	61	0	30	0	2	2
Total	2001	2,210,149	2,976,924	134.69%	2,223,822	13,673	2,513,537	463,387	673,092	1,941	677

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

691 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Nationwide Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
1991	2002	22,794	12,522	54.94%	23,378	584	16,832	-4,310	9,269	18	9
1992	2002	661,672	982,276	148.45%	668,929	7,257	761,224	221,052	181,811	510	297
1993	2002	450,084	508,924	113.07%	442,945	-7,139	641,485	-132,561	127,388	348	115
1994	2002	317,559	458,105	144.26%	318,687	1,128	438,163	19,942	150,757	258	85
1995	2002	553,162	469,526	84.88%	558,427	5,265	496,280	-26,754	128,880	494	90
1996	2002	174,960	196,131	112.10%	177,108	2,148	341,359	-145,228	10,536	108	31
1997	2002	104,930	103,508	98.64%	104,017	-913	147,182	-43,674	21,378	64	19
1998	2002	15,092	221	1.46%	15,313	221	0	221	7,916	12	2
1999	2002	8,744	64,380	736.28%	9,143	399	5,740	58,640	2,886	5	0
2000	2002	3,508	783	22.32%	3,583	75	0	783	874	2	1
2001	2002	2,183	44	2.02%	2,195	12	0	44	1,335	2	2
Total	2002	2,314,688	2,796,420	120.81%	2,323,725	9,037	2,848,265	-51,845	643,030	1,821	651
1991	2003	23,316	11,366	48.75%	25,386	2,070	14,480	-3,114	11,060	17	9
1992	2003	695,935	1,024,825	147.26%	714,688	18,753	701,787	323,038	128,338	473	279
1993	2003	456,894	1,307,493	286.17%	457,028	134	719,193	588,300	82,039	318	108
1994	2003	323,211	751,455	232.50%	334,055	10,844	419,527	331,928	101,069	242	81
1995	2003	592,850	998,380	168.40%	604,243	11,393	574,332	424,048	67,391	459	85
1996	2003	179,155	367,315	205.03%	186,902	7,747	312,686	54,629	45,955	101	31
1997	2003	110,510	95,381	86.31%	112,045	1,535	78,160	17,221	159,311	61	19
1998	2003	16,668	-360	-2.16%	18,013	1,345	0	-360	16,216	11	2
1999	2003	9,354	-35,506	-379.58%	9,543	189	23,226	-58,732	2,852	4	0
2000	2003	3,581	-171	-4.78%	3,583	2	0	-171	3,066	2	1
2001	2003	2,312	220	9.52%	2,325	13	0	220	3,185	2	2
Total	2003	2,413,786	4,520,398	187.27%	2,467,811	54,025	2,843,391	1,677,007	620,482	1,690	617
1991	2004	25,850	68,018	263.13%	26,306	456	9,504	58,514	14,009	17	9
1992	2004	705,908	901,836	127.76%	679,855	-26,053	735,895	165,941	235,903	449	266
1993	2004	462,733	499,067	107.85%	455,034	-7,699	793,178	-294,111	77,223	295	102
1994	2004	340,251	787,962	231.58%	328,171	-12,080	556,012	231,950	78,271	223	77
1995	2004	608,505	994,555	163.44%	589,767	-18,738	739,374	255,181	13,553	423	82
1996	2004	186,264	368,808	198.00%	173,923	-12,341	343,164	25,644	30,171	94	30
1997	2004	112,156	33,504	29.87%	109,142	-3,014	86,059	-52,555	-2,075	55	17
1998	2004	18,196	78,055	428.97%	18,221	25	6,300	71,755	-6,145	10	1
1999	2004	8,781	-298	-3.39%	7,856	-925	0	-298	3,476	4	0
2000	2004	4,150	61	1.47%	4,224	74	0	61	1,050	2	1
2001	2004	2,666	-179	-6.71%	2,666	0	0	-179	3,156	2	2
Total	2004	2,475,460	3,731,389	150.74%	2,395,165	-80,295	3,269,486	461,903	448,592	1,574	587
1991	2005	26,525	286,518	1080.18%	25,656	-869	110,398	176,120	14,456	17	9
1992	2005	651,140	1,066,257	163.75%	617,243	-33,897	833,961	232,296	98,977	417	245
1993	2005	441,580	852,077	192.96%	434,937	-6,643	753,842	98,235	81,681	275	98
1994	2005	307,063	463,058	150.80%	303,116	-3,947	485,615	-22,557	75,331	209	74
1995	2005	555,891	1,084,578	195.11%	536,606	-19,285	835,506	249,072	5,562	392	78
1996	2005	181,531	75,055	41.35%	179,945	-1,586	348,622	-273,567	20,598	89	29
1997	2005	103,000	213,153	206.94%	100,532	-2,468	95,285	117,868	20,922	53	16
1998	2005	15,907	-57,563	-361.87%	13,987	-1,920	12,960	-70,523	9,004	10	1
1999	2005	8,021	2,148	26.78%	7,425	-596	2,160	-12	-383	3	0
2000	2005	4,223	129	3.05%	4,224	1	0	129	1,053	2	1
2001	2005	2,666	26	0.98%	2,666	0	0	26	3,366	2	2

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

691 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Nationwide Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
Total	2005	2,297,547	3,985,436	173.46%	2,226,337	-71,210	3,478,349	507,087	330,567	1,469	553
1991	2006	25,223	27,663	109.67%	24,801	-422	108,532	-80,869	-12,298	16	8
1992	2006	609,113	824,200	135.31%	605,613	-3,500	901,469	-77,269	30,220	376	230
1993	2006	416,548	891,706	214.07%	415,419	-1,129	832,847	58,859	53,049	255	96
1994	2006	293,335	558,210	190.30%	296,942	3,607	516,302	41,908	60,230	193	73
1995	2006	540,921	1,877,770	347.14%	544,764	3,843	1,097,952	779,818	-76,232	364	73
1996	2006	161,732	521,431	322.40%	159,835	-1,897	260,461	260,970	-52,193	76	29
1997	2006	99,669	22,718	22.79%	103,709	4,040	73,468	-50,750	68,407	51	16
1998	2006	16,364	606	3.70%	16,710	346	0	606	3,285	10	1
1999	2006	6,942	129	1.86%	6,942	0	0	129	2,187	3	0
2000	2006	4,224	145	3.43%	4,224	0	0	145	721	2	1
2001	2006	2,769	35	1.26%	2,786	17	0	35	3,590	2	2
Total	2006	2,176,840	4,724,613	217.04%	2,181,745	4,905	3,791,031	933,582	80,966	1,348	529
1991	2007	24,513	29,349	119.73%	25,874	1,361	80,383	-51,034	-9,287	14	8
1992	2007	602,518	1,102,293	182.95%	584,924	-17,594	982,908	119,385	33,974	342	219
1993	2007	406,104	738,283	181.80%	393,291	-12,813	728,656	9,627	-27,498	231	90
1994	2007	301,101	306,771	101.88%	303,250	2,149	453,728	-146,957	11,322	180	68
1995	2007	553,490	1,035,020	187.00%	551,068	-2,422	1,105,411	-70,391	-15,852	340	70
1996	2007	155,101	416,170	268.32%	152,526	-2,575	317,980	98,190	-23,327	69	27
1997	2007	105,650	186,409	176.44%	103,540	-2,110	113,931	72,478	-41,800	47	15
1998	2007	18,878	544	2.88%	18,000	-878	0	544	8,534	10	1
1999	2007	5,270	68,645	1302.56%	4,488	-782	2,970	65,675	-2,137	2	0
2000	2007	4,888	135	2.76%	4,985	97	0	135	691	2	1
2001	2007	3,145	34	1.08%	3,145	0	0	34	3,851	2	2
Total	2007	2,180,658	3,883,653	178.10%	2,145,091	-35,567	3,785,967	97,686	-61,529	1,239	501
Grand	Total	36,422,108	39,150,312	107.49%	37,122,339	700,231	30,311,895	8,838,417	13,585,453		
Present Value - 4.50%											
Grand	Total	50,977,925	49,125,733	96.37%	52,516,913	1,538,988	36,997,019	12,128,714	19,973,790		

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

692 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Nationwide Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
1992	1992	1,795	115	6.41%	19,130	17,335	0	115	0	25	15
Total	1992	1,795	115	6.41%	19,130	17,335	0	115	0	25	15
1988	1993	17	2	11.76%	17	0	0	2	0	0	0
1992	1993	55,936	3,141	5.62%	62,922	6,986	0	3,141	13,397	47	34
1993	1993	425,577	28,983	6.81%	809,516	383,939	800	28,183	2,109	831	413
Total	1993	481,530	32,126	6.67%	872,455	390,925	800	31,326	15,506	878	447
1988	1994	217	26	11.98%	247	30	0	26	2,852	0	2
1992	1994	42,381	2,413	5.69%	32,247	-10,134	0	2,413	23,107	40	30
1993	1994	911,081	79,249	8.70%	862,189	-48,892	21,240	58,009	320,742	791	416
1994	1994	666,035	24,936	3.74%	1,118,122	452,087	0	24,936	10,342	1,124	524
Total	1994	1,619,714	106,624	6.58%	2,012,805	393,091	21,240	85,384	357,043	1,955	972
1988	1995	373	978	262.20%	343	-30	950	28	-2,852	0	0
1992	1995	34,029	-433	-1.27%	33,361	-668	0	-433	17,461	35	25
1993	1995	823,263	224,247	27.24%	789,008	-34,255	84,864	139,383	587,311	742	377
1994	1995	1,336,942	108,571	8.12%	1,315,000	-21,942	11,560	97,011	506,369	1,155	537
1995	1995	934,994	66,941	7.16%	1,488,759	553,765	11,377	55,564	8,131	1,631	808
Total	1995	3,129,601	400,304	12.79%	3,626,471	496,870	108,751	291,553	1,116,420	3,563	1,747
1988	1996	0	-56	0.00%	0	0	0	-56	0	0	0
1992	1996	30,700	583	1.90%	29,500	-1,200	800	-217	2,627	26	14
1993	1996	769,621	562,269	73.06%	743,659	-25,962	368,473	193,796	563,800	703	363
1994	1996	1,203,759	460,916	38.29%	1,173,206	-30,553	110,691	350,225	895,933	1,058	498
1995	1996	1,802,625	607,035	33.68%	1,749,131	-53,494	85,640	521,395	756,715	1,630	810
1996	1996	683,404	81,317	11.90%	1,008,469	325,065	2,604	78,713	10,795	927	519
Total	1996	4,490,109	1,712,064	38.13%	4,703,965	213,856	568,208	1,143,856	2,229,870	4,344	2,204
1992	1997	27,509	1,912	6.95%	24,190	-3,319	1,740	172	23,205	23	18
1993	1997	713,209	409,446	57.41%	690,940	-22,269	248,733	160,713	463,532	655	344
1994	1997	1,126,431	421,987	37.46%	1,103,087	-23,344	219,016	202,971	833,302	1,012	465
1995	1997	1,655,498	570,637	34.47%	1,623,897	-31,601	194,363	376,274	1,356,288	1,516	750
1996	1997	1,089,317	103,960	9.54%	1,085,438	-3,879	23,300	80,660	456,573	879	492
1997	1997	213,973	22,068	10.31%	296,104	82,131	0	22,068	45,200	342	185
Total	1997	4,825,937	1,530,010	31.70%	4,823,656	-2,281	687,152	842,858	3,178,100	4,427	2,254
1992	1998	25,469	-236	-0.93%	23,703	-1,766	0	-236	10,074	22	17
1993	1998	668,172	354,250	53.02%	649,841	-18,331	275,167	79,083	387,923	627	326
1994	1998	1,077,851	295,067	27.38%	1,053,861	-23,990	230,837	64,230	525,417	980	443
1995	1998	1,558,848	598,317	38.38%	1,517,955	-40,893	324,736	273,581	697,651	1,442	710
1996	1998	972,034	410,655	42.25%	949,064	-22,970	110,903	299,752	595,927	818	470
1997	1998	356,047	111,910	31.43%	348,216	-7,831	31,389	80,521	78,875	318	168
1998	1998	130,490	5,685	4.36%	173,341	42,851	0	5,685	1,799	191	94
Total	1998	4,788,911	1,775,648	37.08%	4,715,981	-72,930	973,032	802,616	2,297,666	4,398	2,228
1987	1999	1,320	222	16.82%	1,320	0	0	222	250	1	0
1988	1999	84,153	396,443	471.10%	146,126	61,973	135,955	260,488	857,355	112	39
1989	1999	91,808	287,361	313.00%	167,131	75,323	74,023	213,338	954,404	131	56
1990	1999	49,937	15,560	31.16%	84,293	34,356	0	15,560	373,595	54	37

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

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This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
1991	1999	39,321	253,505	644.71%	64,143	24,822	62,111	191,394	240,367	38	29
1992	1999	53,301	9,331	17.51%	64,537	11,236	3,423	5,908	170,358	57	28
1993	1999	642,334	329,198	51.25%	635,106	-7,228	365,799	-36,601	456,003	609	316
1994	1999	1,048,047	340,664	32.50%	1,047,601	-446	343,795	-3,131	769,000	955	449
1995	1999	1,342,174	29,788	2.22%	1,238,676	-103,498	294,662	-264,874	517,062	1,214	600
1996	1999	786,917	154,568	19.64%	662,762	-124,155	154,953	-385	258,947	610	367
1997	1999	281,950	18,387	6.52%	265,206	-16,744	11,974	6,413	169,447	250	139
1998	1999	187,428	1,125	0.60%	170,631	-16,797	0	1,125	69,331	168	91
1999	1999	65,263	1,551	2.38%	78,596	13,333	0	1,551	540	134	59
Total	1999	4,673,953	1,837,703	39.32%	4,626,128	-47,825	1,446,695	391,008	4,836,659	4,333	2,210
1987	2000	542	-222	-40.96%	542	0	0	-222	-250	0	0
1988	2000	123,287	-207,516	-168.32%	61,314	-61,973	52,972	-260,488	-857,355	0	0
1989	2000	141,705	-167,939	-118.51%	66,382	-75,323	45,399	-213,338	-954,404	0	0
1990	2000	74,334	-15,560	-20.93%	39,978	-34,356	0	-15,560	-373,595	0	0
1991	2000	54,143	-161,889	-299.00%	29,321	-24,822	29,505	-191,394	-240,367	0	0
1992	2000	50,222	33,706	67.11%	37,134	-13,088	8,015	25,691	-154,285	20	13
1993	2000	613,788	633,694	103.24%	586,615	-27,173	355,258	278,436	340,087	574	298
1994	2000	1,016,039	496,173	48.83%	972,784	-43,255	323,093	173,080	503,685	898	416
1995	2000	1,242,127	1,124,459	90.53%	1,292,869	50,742	446,505	677,954	1,904,141	1,323	652
1996	2000	676,815	743,259	109.82%	760,886	84,071	305,781	437,478	1,934,101	768	449
1997	2000	258,792	40,877	15.80%	264,186	5,394	39,541	1,336	457,535	279	153
1998	2000	159,066	27,940	17.57%	169,249	10,183	2,716	25,224	214,095	165	91
1999	2000	122,414	2,492	2.04%	123,852	1,438	0	2,492	71,059	141	62
2000	2000	34,170	675	1.98%	42,210	8,040	0	675	0	56	17
Total	2000	4,567,444	2,550,149	55.83%	4,447,322	-120,122	1,608,785	941,364	2,844,447	4,224	2,151
1992	2001	20,611	101,489	492.40%	20,950	339	43,610	57,879	5,863	18	13
1993	2001	572,545	261,077	45.60%	580,625	8,080	409,259	-148,182	373,776	549	291
1994	2001	943,886	650,552	68.92%	946,534	2,648	434,908	215,644	558,766	864	398
1995	2001	1,353,939	1,228,937	90.77%	1,354,363	424	756,809	472,128	698,587	1,263	623
1996	2001	871,119	786,906	90.33%	870,675	-444	576,897	210,009	552,767	740	435
1997	2001	270,408	103,184	38.16%	265,531	-4,877	35,541	67,643	147,527	266	146
1998	2001	172,780	120,340	69.65%	171,399	-1,381	13,328	107,012	94,873	151	84
1999	2001	123,657	92,072	74.46%	124,377	720	35,624	56,448	83,991	131	61
2000	2001	50,255	672	1.34%	49,896	-359	0	672	16,952	50	15
2001	2001	11,608	201	1.73%	15,627	4,019	0	201	0	21	4
Total	2001	4,390,808	3,345,430	76.19%	4,399,977	9,169	2,305,976	1,039,454	2,533,102	4,053	2,070
1992	2002	23,269	20,853	89.62%	22,445	-824	59,019	-38,166	13,234	17	12
1993	2002	605,070	662,296	109.46%	604,714	-356	353,140	309,156	382,429	524	274
1994	2002	977,873	1,119,698	114.50%	985,431	7,558	657,644	462,054	530,561	812	373
1995	2002	1,439,520	1,007,674	70.00%	1,449,347	9,827	1,003,899	3,775	981,494	1,215	607
1996	2002	932,137	629,897	67.58%	947,789	15,652	574,747	55,150	630,518	713	421
1997	2002	278,046	137,180	49.34%	278,115	69	78,030	59,150	195,623	251	137
1998	2002	181,998	153,012	84.07%	185,067	3,069	66,076	86,936	149,703	150	84
1999	2002	126,038	71,289	56.56%	127,956	1,918	55,053	16,236	94,504	127	58
2000	2002	49,205	7,453	15.15%	51,549	2,344	0	7,453	33,366	47	13
2001	2002	20,894	554	2.65%	19,381	-1,513	0	554	6,806	18	4
2002	2002	1,092	100	9.16%	1,138	46	0	100	-28	0	3

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

692 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Nationwide Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
Total	2002	4,635,142	3,810,006	82.20%	4,672,932	37,790	2,847,608	962,398	3,018,210	3,874	1,986
1992	2003	18,891	-26,483	-140.19%	15,422	-3,469	6,954	-33,437	10,887	15	11
1993	2003	631,466	874,518	138.49%	612,612	-18,854	532,452	342,066	-717,841	496	261
1994	2003	1,015,146	872,959	85.99%	1,022,904	7,758	709,190	163,769	-851,166	764	356
1995	2003	1,517,661	2,638,025	173.82%	1,537,918	20,257	1,269,217	1,368,808	-644,080	1,153	578
1996	2003	974,357	1,195,510	122.70%	970,995	-3,362	696,098	499,412	-425,622	672	394
1997	2003	290,013	389,518	134.31%	289,558	-455	183,256	206,262	115,747	242	132
1998	2003	191,403	549,138	286.90%	194,196	2,793	144,598	404,540	92,418	144	80
1999	2003	126,804	100,077	78.92%	124,606	-2,198	52,258	47,819	52,927	122	56
2000	2003	52,053	32,858	63.12%	52,356	303	0	32,858	26,525	46	12
2001	2003	21,120	2,427	11.49%	20,908	-212	0	2,427	8,516	16	4
2002	2003	1,382	-15	-1.09%	1,382	0	0	-15	395	0	3
Total	2003	4,840,296	6,628,532	136.94%	4,842,857	2,561	3,594,023	3,034,509	-2,331,294	3,670	1,887
1992	2004	20,274	65,514	323.14%	15,927	-4,347	7,015	58,499	5,345	14	11
1993	2004	653,126	1,039,859	159.21%	583,611	-69,515	782,392	257,467	130,336	474	246
1994	2004	1,024,684	994,622	97.07%	956,395	-68,289	826,863	167,759	246,947	730	345
1995	2004	1,556,067	1,653,018	106.23%	1,526,646	-29,421	1,522,390	130,628	525,619	1,105	560
1996	2004	991,147	995,549	100.44%	990,804	-343	786,240	209,309	373,163	649	383
1997	2004	299,264	356,933	119.27%	296,636	-2,628	204,379	152,554	184,306	235	127
1998	2004	184,201	-133,760	-72.62%	180,777	-3,424	168,808	-302,568	71,230	134	74
1999	2004	129,175	239,187	185.17%	130,122	947	76,068	163,119	85,898	118	56
2000	2004	52,959	-37,480	-70.77%	50,774	-2,185	0	-37,480	27,751	44	11
2001	2004	22,592	-1,445	-6.40%	22,614	22	0	-1,445	9,037	15	4
2002	2004	1,382	14	1.01%	1,382	0	0	14	770	0	3
Total	2004	4,934,871	5,172,011	104.81%	4,755,688	-179,183	4,374,155	797,856	1,660,402	3,518	1,820
1992	2005	3,809	-45,186	-1186.30%	8,557	4,748	160	-45,346	-7,440	12	9
1993	2005	500,269	470,139	93.98%	536,232	35,963	688,564	-218,425	-4,043	442	235
1994	2005	870,936	1,027,023	117.92%	890,788	19,852	792,318	234,705	139,292	694	327
1995	2005	1,433,328	2,133,796	148.87%	1,381,139	-52,189	1,610,552	523,244	285,379	1,044	534
1996	2005	946,860	1,196,688	126.38%	912,130	-34,730	967,481	229,207	273,355	621	365
1997	2005	291,426	248,354	85.22%	291,383	-43	295,088	-46,734	169,495	226	122
1998	2005	168,462	39,799	23.62%	164,540	-3,922	102,485	-62,686	92,001	127	69
1999	2005	124,035	13,878	11.19%	123,161	-874	97,405	-83,527	72,536	114	53
2000	2005	51,179	621	1.21%	51,982	803	0	621	33,573	43	11
2001	2005	21,407	41	0.19%	20,477	-930	0	41	6,149	13	2
2002	2005	1,382	27	1.95%	1,382	0	0	27	787	0	3
Total	2005	4,413,093	5,085,180	115.23%	4,381,771	-31,322	4,554,053	531,127	1,061,084	3,336	1,730
1992	2006	9,258	-2,460	-26.57%	9,555	297	4,060	-6,520	14,855	12	9
1993	2006	530,235	702,635	132.51%	523,927	-6,308	619,808	82,827	117,784	419	228
1994	2006	857,517	1,379,743	160.90%	837,179	-20,338	909,702	470,041	65,699	647	306
1995	2006	1,323,044	2,126,358	160.72%	1,332,184	9,140	1,636,877	489,481	147,163	996	516
1996	2006	868,754	544,214	62.64%	835,704	-33,050	961,143	-416,929	63,826	586	349
1997	2006	284,964	482,341	169.26%	281,235	-3,729	312,085	170,256	115,789	215	114
1998	2006	166,782	376,539	225.77%	168,084	1,302	151,036	225,503	93,323	122	67
1999	2006	114,651	-75,342	-65.71%	114,560	-91	33,620	-108,962	80,569	110	53
2000	2006	47,631	601	1.26%	47,316	-315	0	601	18,608	39	11

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

692 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Nationwide Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
2001	2006	20,482	424	2.07%	20,871	389	0	424	8,865	13	2
2002	2006	1,381	27	1.96%	1,382	1	0	27	1,069	0	3
Total	2006	4,224,699	5,535,080	131.02%	4,171,997	-52,702	4,628,331	906,749	727,550	3,159	1,658
1992	2007	10,543	59,918	568.32%	10,631	88	6,300	53,618	7,440	12	9
1993	2007	547,000	972,728	177.83%	541,292	-5,708	671,832	300,896	-2,012	395	212
1994	2007	835,764	1,080,120	129.24%	834,788	-976	1,066,401	13,719	-36,254	602	287
1995	2007	1,344,599	1,724,765	128.27%	1,343,950	-649	1,916,364	-191,599	125,892	939	497
1996	2007	825,254	1,023,700	124.05%	826,136	882	846,321	177,379	135,595	561	340
1997	2007	283,874	355,832	125.35%	284,931	1,057	262,992	92,840	165,324	209	111
1998	2007	176,480	115,847	65.64%	175,844	-636	162,598	-46,751	92,895	119	64
1999	2007	131,476	33,630	25.58%	136,525	5,049	30,823	2,807	60,253	105	51
2000	2007	53,659	1,038	1.93%	55,280	1,621	0	1,038	23,751	38	10
2001	2007	23,835	424	1.78%	23,955	120	0	424	9,018	13	2
2002	2007	1,382	25	1.81%	1,382	0	0	25	902	0	3
Total	2007	4,233,866	5,368,027	126.79%	4,234,714	848	4,963,631	404,396	582,804	2,993	1,586
Grand	Total	60,251,769	44,889,009	74.50%	61,307,849	1,056,080	32,682,440	12,206,569	24,127,569		
Present Value - 4.50%											
Grand	Total	80,199,429	54,421,284	67.86%	82,269,047	2,069,618	38,508,059	15,913,225	33,949,184		

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

694 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Nationwide Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
1996	1996	151,813	36,204	23.85%	550,438	398,625	0	36,204	0	687	103
Total	1996	151,813	36,204	23.85%	550,438	398,625	0	36,204	0	687	103
1996	1997	970,151	204,219	21.05%	923,417	-46,734	51,984	152,235	388,009	793	152
1997	1997	3,244,926	448,803	13.83%	5,422,155	2,177,229	8,463	440,340	137,519	5,841	1,297
Total	1997	4,215,077	653,022	15.49%	6,345,572	2,130,495	60,447	592,575	525,528	6,634	1,449
1996	1998	824,859	198,705	24.09%	768,839	-56,020	65,279	133,426	230,523	710	138
1997	1998	6,891,776	821,909	11.93%	6,663,525	-228,251	158,890	663,019	1,753,214	5,600	1,331
1998	1998	5,225,586	336,040	6.43%	8,165,563	2,939,977	8,410	327,630	28,783	8,019	1,679
Total	1998	12,942,221	1,356,654	10.48%	15,597,927	2,655,706	232,579	1,124,075	2,012,520	14,329	3,148
1988	1999	10,385	1,814	17.47%	13,482	3,097	0	1,814	44,210	7	1
1989	1999	2,724	458	16.81%	3,760	1,036	0	458	21,066	3	0
1990	1999	2,721	457	16.80%	3,621	900	0	457	6,130	1	0
1991	1999	1,941	326	16.80%	1,941	0	0	326	3,970	1	0
1992	1999	1,540	259	16.82%	1,777	237	0	259	0	1	0
1993	1999	2,942	495	16.83%	6,301	3,359	0	495	0	2	0
1994	1999	269	52	19.33%	807	538	0	52	2,883	2	0
1995	1999	5,598	941	16.81%	7,060	1,462	0	941	4,929	4	0
1996	1999	817,466	146,612	17.93%	826,896	9,430	87,298	59,314	610,125	724	143
1997	1999	6,195,353	1,489,060	24.04%	6,088,882	-106,471	485,079	1,003,981	3,846,852	5,327	1,266
1998	1999	10,117,759	927,866	9.17%	10,013,681	-104,078	229,976	697,890	3,069,482	7,941	1,786
1999	1999	4,710,323	366,061	7.77%	6,788,482	2,078,159	61,596	304,465	58,103	7,285	1,651
Total	1999	21,869,021	2,934,401	13.42%	23,756,690	1,887,669	863,949	2,070,452	7,667,750	21,298	4,847
1988	2000	15,095	-1,814	-12.02%	11,998	-3,097	0	-1,814	-44,210	0	0
1989	2000	2,816	-387	-13.74%	1,780	-1,036	0	-387	-21,066	0	0
1990	2000	9,034	-457	-5.06%	8,134	-900	0	-457	-6,130	0	0
1991	2000	1,296	-326	-25.15%	1,296	0	0	-326	-3,970	0	0
1992	2000	1,994	-259	-12.99%	1,757	-237	0	-259	0	0	0
1993	2000	6,686	-495	-7.40%	3,327	-3,359	0	-495	0	0	0
1994	2000	538	-52	-9.67%	0	-538	0	-52	-2,883	0	0
1995	2000	7,632	-697	-9.13%	6,170	-1,462	0	-697	-4,929	0	0
1996	2000	789,407	509,469	64.54%	721,483	-67,924	257,879	251,590	120,134	597	140
1997	2000	5,923,955	1,250,506	21.11%	5,652,607	-271,348	854,319	396,187	3,302,321	4,809	1,210
1998	2000	9,277,174	2,894,154	31.20%	8,835,142	-442,032	640,620	2,253,534	5,024,763	7,072	1,679
1999	2000	8,652,983	1,672,180	19.32%	8,739,333	86,350	356,664	1,315,516	3,247,070	7,528	1,755
2000	2000	4,023,458	355,112	8.83%	5,944,744	1,921,286	13,561	341,551	810,578	6,477	1,699
Total	2000	28,712,068	6,676,934	23.25%	29,927,771	1,215,703	2,123,043	4,553,891	12,421,678	26,483	6,483
1989	2001	0	-71	0.00%	0	0	0	-71	0	0	0
1995	2001	0	-244	0.00%	0	0	0	-244	0	0	0
1996	2001	659,355	551,925	83.71%	643,731	-15,624	513,451	38,474	317,454	562	136
1997	2001	5,286,050	2,003,001	37.89%	5,244,617	-41,433	1,497,975	505,026	3,225,523	4,493	1,176
1998	2001	8,283,127	2,648,476	31.97%	8,213,540	-69,587	1,629,162	1,019,314	4,969,849	6,528	1,614
1999	2001	8,410,007	2,992,093	35.58%	8,319,285	-90,722	1,066,531	1,925,562	4,934,849	6,868	1,637
2000	2001	7,735,938	1,407,035	18.19%	7,687,904	-48,034	333,519	1,073,516	2,360,428	6,232	1,719
2001	2001	4,117,966	393,288	9.55%	5,910,676	1,792,710	39,793	353,495	1,358,066	5,941	2,077
Total	2001	34,492,443	9,995,503	28.98%	36,019,753	1,527,310	5,080,431	4,915,072	17,166,169	30,624	8,359

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

694 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Nationwide Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
1996	2002	677,545	801,781	118.34%	662,654	-14,891	535,804	265,977	258,941	522	132
1997	2002	5,454,603	2,489,232	45.64%	5,441,101	-13,502	2,003,802	485,430	2,647,410	4,209	1,139
1998	2002	8,609,224	4,110,622	47.75%	8,579,239	-29,985	2,754,668	1,355,954	4,267,546	6,081	1,534
1999	2002	8,480,605	2,137,814	25.21%	8,402,706	-77,899	1,649,353	488,461	4,514,488	6,256	1,523
2000	2002	7,508,158	2,683,702	35.74%	7,421,420	-86,738	945,525	1,738,177	3,956,904	5,522	1,540
2001	2002	7,698,648	1,087,793	14.13%	7,646,625	-52,023	309,594	778,199	1,905,538	5,417	1,924
2002	2002	1,482,108	147,970	9.98%	1,681,020	198,912	0	147,970	234,279	1,453	629
Total	2002	39,910,891	13,458,914	33.72%	39,834,765	-76,126	8,198,746	5,260,168	17,785,106	29,460	8,421
1996	2003	679,557	539,847	79.44%	685,912	6,355	588,442	-48,595	-152,529	496	125
1997	2003	5,623,142	6,000,986	106.72%	5,702,705	79,563	2,606,975	3,394,011	-802,560	3,971	1,076
1998	2003	8,830,555	7,867,526	89.09%	8,893,786	63,231	3,670,365	4,197,161	-188,347	5,662	1,444
1999	2003	8,624,766	6,372,347	73.88%	8,680,199	55,433	2,422,811	3,949,536	1,064,780	5,742	1,402
2000	2003	7,409,819	4,136,338	55.82%	7,396,844	-12,975	1,530,108	2,606,230	2,189,073	5,044	1,396
2001	2003	7,382,131	3,138,915	42.52%	7,290,619	-91,512	772,825	2,366,090	3,107,791	4,714	1,672
2002	2003	1,625,793	69,771	4.29%	1,630,439	4,646	46,022	23,749	541,369	1,233	551
Total	2003	40,175,763	28,125,730	70.01%	40,280,504	104,741	11,637,548	16,488,182	5,759,577	26,862	7,666
1996	2004	681,429	282,892	41.51%	668,492	-12,937	434,631	-151,739	181,849	464	122
1997	2004	5,745,368	3,733,422	64.98%	5,640,498	-104,870	3,219,886	513,536	2,048,754	3,782	1,044
1998	2004	8,980,839	5,196,638	57.86%	8,854,963	-125,876	4,149,721	1,046,917	3,166,782	5,394	1,399
1999	2004	8,684,695	3,216,758	37.04%	8,594,805	-89,890	3,040,228	176,530	3,220,247	5,443	1,336
2000	2004	7,441,226	2,798,962	37.61%	7,352,012	-89,214	2,226,570	572,392	2,934,801	4,750	1,310
2001	2004	7,261,528	876,592	12.07%	7,266,984	5,456	1,068,924	-192,332	3,131,133	4,387	1,563
2002	2004	1,603,174	279,579	17.44%	1,622,195	19,021	93,116	186,463	930,335	1,164	525
Total	2004	40,398,259	16,384,843	40.56%	39,999,949	-398,310	14,233,076	2,151,767	15,613,901	25,384	7,299
1996	2005	636,773	680,782	106.91%	614,551	-22,222	466,375	214,407	115,482	439	115
1997	2005	5,444,060	4,068,648	74.74%	5,335,526	-108,534	3,304,509	764,139	1,568,480	3,596	1,013
1998	2005	8,529,960	5,956,240	69.83%	8,357,042	-172,918	4,897,368	1,058,872	2,366,549	5,117	1,349
1999	2005	8,267,396	4,981,821	60.26%	8,131,216	-136,180	3,652,571	1,329,250	2,602,157	5,151	1,273
2000	2005	7,109,140	2,958,396	41.61%	6,983,055	-126,085	2,646,747	311,649	2,564,052	4,513	1,260
2001	2005	6,955,078	2,121,686	30.51%	6,885,689	-69,389	1,383,073	738,613	2,695,899	4,116	1,469
2002	2005	1,568,007	218,637	13.94%	1,556,815	-11,192	151,037	67,600	842,652	1,110	504
Total	2005	38,510,414	20,986,210	54.49%	37,863,894	-646,520	16,501,680	4,484,530	12,755,271	24,042	6,983
1996	2006	602,504	817,619	135.70%	582,067	-20,437	539,441	278,178	-12,452	406	110
1997	2006	5,271,487	5,272,438	100.02%	5,250,251	-21,236	3,796,153	1,476,285	1,425,386	3,421	979
1998	2006	8,190,042	7,177,560	87.64%	8,172,720	-17,322	5,321,428	1,856,132	2,134,258	4,842	1,285
1999	2006	7,983,158	4,710,444	59.00%	7,980,714	-2,444	3,921,450	788,994	2,704,161	4,908	1,246
2000	2006	6,875,746	3,940,833	57.31%	6,842,907	-32,839	2,663,661	1,277,172	2,559,096	4,291	1,217
2001	2006	6,714,893	2,240,774	33.37%	6,668,240	-46,653	1,610,182	630,592	2,991,989	3,928	1,401
2002	2006	1,504,932	505,687	33.60%	1,508,933	4,001	188,995	316,692	792,768	1,045	464
Total	2006	37,142,762	24,665,355	66.41%	37,005,832	-136,930	18,041,310	6,624,045	12,595,206	22,841	6,702
1996	2007	598,131	689,022	115.20%	613,421	15,290	532,675	156,347	155,436	390	108
1997	2007	5,358,869	5,480,311	102.27%	5,403,876	45,007	4,382,027	1,098,284	1,370,290	3,233	941
1998	2007	8,439,604	7,955,348	94.26%	8,460,363	20,759	5,940,133	2,015,215	2,335,451	4,607	1,247
1999	2007	8,274,310	6,393,474	77.27%	8,259,243	-15,067	4,780,953	1,612,521	2,488,774	4,676	1,201

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

694 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Nationwide Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
2000	2007	7,121,794	4,220,889	59.27%	7,198,645	76,851	3,194,115	1,026,774	2,285,073	4,072	1,169
2001	2007	6,923,512	3,491,056	50.42%	6,934,842	11,330	2,002,103	1,488,953	2,649,067	3,749	1,350
2002	2007	1,522,306	489,796	32.17%	1,524,173	1,867	302,617	187,179	747,111	990	444
Total	2007	38,238,526	28,719,896	75.11%	38,394,563	156,037	21,134,623	7,585,273	12,031,202	21,717	6,460
Grand	Total	336,759,258	153,993,666	45.73%	345,577,658	8,818,400	98,107,432	55,886,234	116,333,908		
Present Value - 4.50%											
Grand	Total	403,971,543	175,788,312	43.52%	417,083,917	13,112,374	109,518,793	66,269,518	139,942,420		

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

695 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Nationwide Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
1996	1996	823,683	79,013	9.59%	1,622,033	798,350	1,182	77,831	0	1,528	293
Total	1996	823,683	79,013	9.59%	1,622,033	798,350	1,182	77,831	0	1,528	293
1996	1997	2,018,927	439,891	21.79%	1,846,240	-172,687	78,083	361,808	846,997	1,427	326
1997	1997	1,128,499	247,433	21.93%	1,758,391	629,892	0	247,433	66,376	1,542	488
Total	1997	3,147,426	687,324	21.84%	3,604,631	457,205	78,083	609,241	913,373	2,969	814
1996	1998	1,658,122	579,628	34.96%	1,548,972	-109,150	175,915	403,713	1,030,873	1,233	282
1997	1998	1,972,175	102,465	5.20%	1,903,815	-68,360	23,599	78,866	782,315	1,393	524
1998	1998	846,365	151,252	17.87%	1,250,591	404,226	2,670	148,582	12,168	1,165	495
Total	1998	4,476,662	833,345	18.62%	4,703,378	226,716	202,184	631,161	1,825,356	3,791	1,301
1988	1999	767	192	25.03%	1,146	379	0	192	7,483	1	0
1989	1999	8,569	2,033	23.73%	12,517	3,948	0	2,033	144,795	8	5
1990	1999	3,667	793	21.63%	5,035	1,368	0	793	34,524	4	1
1991	1999	4,160	58,472	1405.58%	7,878	3,718	24,290	34,182	32,075	4	3
1992	1999	5,717	1,636	28.62%	9,509	3,792	0	1,636	79,687	8	7
1993	1999	4,799	988	20.59%	4,799	0	0	988	18,516	3	1
1994	1999	1,309	1,928	147.29%	3,024	1,715	935	993	23,992	4	2
1995	1999	958	558	58.25%	3,276	2,318	0	558	16,520	4	2
1996	1999	1,471,783	-27,109	-1.84%	1,441,971	-29,812	231,225	-258,334	1,383,380	1,132	275
1997	1999	1,632,136	388,411	23.80%	1,568,008	-64,128	145,581	242,830	1,531,416	1,232	456
1998	1999	1,433,148	253,407	17.68%	1,354,029	-79,119	104,250	149,157	715,971	1,064	508
1999	1999	650,983	27,437	4.21%	939,457	288,474	0	27,437	11,370	991	508
Total	1999	5,217,996	708,746	13.58%	5,350,649	132,653	506,281	202,465	3,999,729	4,455	1,768
1988	2000	1,525	-192	-12.59%	1,146	-379	0	-192	-7,483	0	0
1989	2000	12,274	-2,033	-16.56%	8,326	-3,948	0	-2,033	-144,795	0	0
1990	2000	4,314	-793	-18.38%	2,946	-1,368	0	-793	-34,524	0	0
1991	2000	7,120	-22,835	-320.72%	3,402	-3,718	11,347	-34,182	-32,075	0	0
1992	2000	4,971	-1,636	-32.91%	1,179	-3,792	0	-1,636	-79,687	0	0
1993	2000	1,636	-988	-60.39%	1,636	0	0	-988	-18,516	0	0
1994	2000	2,149	-993	-46.21%	434	-1,715	0	-993	-23,992	0	0
1995	2000	2,628	-558	-21.23%	310	-2,318	0	-558	-16,520	0	0
1996	2000	1,398,369	570,651	40.81%	1,341,056	-57,313	374,063	196,588	1,165,268	1,054	285
1997	2000	1,517,646	231,909	15.28%	1,455,256	-62,390	192,824	39,085	1,730,145	1,164	461
1998	2000	1,296,990	183,392	14.14%	1,294,576	-2,414	107,075	76,317	1,359,163	1,014	481
1999	2000	1,167,376	92,612	7.93%	1,167,876	500	7,465	85,147	774,900	1,010	533
2000	2000	522,162	10,787	2.07%	715,587	193,425	0	10,787	162,686	927	449
Total	2000	5,939,160	1,059,323	17.84%	5,993,730	54,570	692,774	366,549	4,834,570	5,169	2,209
1996	2001	1,258,801	677,267	53.80%	1,237,899	-20,902	537,131	140,136	918,784	999	276
1997	2001	1,411,477	676,354	47.92%	1,390,975	-20,502	367,373	308,981	1,310,653	1,102	449
1998	2001	1,257,110	304,227	24.20%	1,227,446	-29,664	108,592	195,635	1,308,437	970	469
1999	2001	1,105,290	415,097	37.56%	1,086,643	-18,647	58,539	356,558	1,152,857	952	513
2000	2001	1,011,957	19,555	1.93%	1,002,822	-9,135	3,487	16,068	524,048	908	433
2001	2001	537,041	9,910	1.85%	776,070	239,029	0	9,910	145,717	927	531
Total	2001	6,581,676	2,102,410	31.94%	6,721,855	140,179	1,075,122	1,027,288	5,360,496	5,858	2,671
1996	2002	1,174,829	872,052	74.23%	1,152,140	-22,689	629,337	242,715	1,262,415	957	268

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

695 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Nationwide Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
1997	2002	1,338,077	724,467	54.14%	1,334,965	-3,112	480,622	243,845	1,596,807	1,062	442
1998	2002	1,204,246	276,799	22.99%	1,189,587	-14,659	227,261	49,538	1,506,183	945	463
1999	2002	1,047,869	165,493	15.79%	1,031,551	-16,318	179,474	-13,981	1,389,465	913	493
2000	2002	959,254	244,005	25.44%	957,771	-1,483	2,323	241,682	1,086,598	862	415
2001	2002	1,067,978	28,363	2.66%	1,038,605	-29,373	0	28,363	721,238	928	546
2002	2002	3,050	227	7.44%	3,749	699	0	227	4,442	3	3
Total	2002	6,795,303	2,311,406	34.01%	6,708,368	-86,935	1,519,017	792,389	7,567,148	5,670	2,630
1996	2003	1,214,230	1,041,565	85.78%	1,227,231	13,001	580,822	460,743	-42,403	916	257
1997	2003	1,377,959	580,967	42.16%	1,402,738	24,779	617,193	-36,226	662,170	1,017	429
1998	2003	1,231,699	381,574	30.98%	1,237,063	5,364	357,618	23,956	718,661	904	442
1999	2003	1,067,943	464,325	43.48%	1,095,840	27,897	187,591	276,734	1,071,563	874	472
2000	2003	938,983	170,553	18.16%	943,688	4,705	70,330	100,223	983,586	804	384
2001	2003	1,003,937	107,707	10.73%	995,137	-8,800	8,859	98,848	1,366,226	892	525
2002	2003	2,838	-73	-2.57%	2,838	0	0	-73	7,615	3	3
Total	2003	6,837,589	2,746,618	40.17%	6,904,535	66,946	1,822,413	924,205	4,767,418	5,410	2,512
1996	2004	1,226,512	1,152,258	93.95%	1,216,223	-10,289	765,326	386,932	936,593	884	254
1997	2004	1,410,327	1,008,654	71.52%	1,395,670	-14,657	511,935	496,719	1,292,067	979	423
1998	2004	1,261,321	398,740	31.61%	1,256,520	-4,801	295,091	103,649	1,284,507	878	434
1999	2004	1,084,918	-159,678	-14.72%	1,076,233	-8,685	190,457	-350,135	1,132,790	836	453
2000	2004	946,472	54,089	5.71%	945,930	-542	103,653	-49,564	1,008,221	773	370
2001	2004	1,011,357	123,929	12.25%	1,022,573	11,216	5,923	118,006	1,116,500	843	496
2002	2004	2,870	57	1.99%	3,028	158	0	57	6,459	3	3
Total	2004	6,943,777	2,578,049	37.13%	6,916,177	-27,600	1,872,385	705,664	6,777,137	5,196	2,433
1996	2005	1,164,768	1,535,257	131.81%	1,146,704	-18,064	943,038	592,219	927,087	850	253
1997	2005	1,332,784	815,743	61.21%	1,309,966	-22,818	643,900	171,843	1,232,677	947	414
1998	2005	1,209,856	504,899	41.73%	1,196,908	-12,948	234,173	270,726	1,207,510	856	425
1999	2005	1,042,694	342,438	32.84%	1,020,991	-21,703	132,741	209,697	1,120,487	801	433
2000	2005	907,473	334,439	36.85%	893,622	-13,851	145,062	189,377	1,002,674	746	358
2001	2005	1,031,198	78,854	7.65%	1,029,240	-1,958	54,723	24,131	1,292,575	819	481
2002	2005	3,424	8	0.23%	3,424	0	0	8	7,067	3	3
Total	2005	6,692,197	3,611,638	53.97%	6,600,855	-91,342	2,153,637	1,458,001	6,790,077	5,022	2,367
1996	2006	1,113,526	642,781	57.72%	1,071,306	-42,220	993,972	-351,191	307,645	814	245
1997	2006	1,325,335	1,010,574	76.25%	1,325,574	239	655,579	354,995	1,306,912	913	406
1998	2006	1,158,561	645,571	55.72%	1,146,914	-11,647	291,502	354,069	778,479	802	393
1999	2006	1,014,415	584,555	57.62%	998,380	-16,035	199,687	384,868	1,145,101	763	421
2000	2006	886,511	192,046	21.66%	881,572	-4,939	178,801	13,245	870,868	709	334
2001	2006	1,021,618	340,322	33.31%	1,022,225	607	79,846	260,476	1,213,204	783	459
2002	2006	3,424	70	2.04%	3,277	-147	0	70	3,961	3	3
Total	2006	6,523,390	3,415,919	52.36%	6,449,248	-74,142	2,399,387	1,016,532	5,626,170	4,787	2,261
1996	2007	1,075,610	889,185	82.67%	1,074,628	-982	927,404	-38,219	601,811	784	236
1997	2007	1,328,937	1,386,809	104.35%	1,305,690	-23,247	906,025	480,784	1,360,971	874	395
1998	2007	1,207,794	305,577	25.30%	1,225,018	17,224	398,508	-92,931	1,316,384	777	391
1999	2007	1,060,072	416,707	39.31%	1,072,486	12,414	394,001	22,706	969,832	723	397
2000	2007	944,378	475,399	50.34%	964,160	19,782	241,898	233,501	875,020	681	315
2001	2007	1,094,106	223,825	20.46%	1,112,673	18,567	211,040	12,785	1,204,416	759	446

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

695 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Nationwide Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
2002	2007	6,788	575	8.47%	6,799	11	0	575	13,787	4	3
Total	2007	6,717,685	3,698,077	55.05%	6,761,454	43,769	3,078,876	619,201	6,342,221	4,602	2,183
Grand	Total	66,696,544	23,831,868	35.73%	68,336,913	1,640,369	15,401,341	8,430,527	54,803,695		
Present Value - 4.50%											
Grand	Total	82,340,061	27,930,949	33.92%	84,934,613	2,594,552	17,627,478	10,303,471	65,864,660		

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

698 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Nationwide Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
1999	1999	220,098	5,243	2.38%	528,080	307,982	0	5,243	423	845	242
Total	1999	220,098	5,243	2.38%	528,080	307,982	0	5,243	423	845	242
1999	2000	1,320,943	254,846	19.29%	1,372,621	51,678	38,461	216,385	506,271	1,033	310
2000	2000	3,706,247	395,175	10.66%	5,679,539	1,973,292	24,092	371,083	14,730	5,944	2,515
Total	2000	5,027,190	650,021	12.93%	7,052,160	2,024,970	62,553	587,468	521,001	6,977	2,825
1999	2001	1,267,857	476,453	37.58%	1,285,249	17,392	145,914	330,539	920,492	970	302
2000	2001	8,662,810	1,245,537	14.38%	8,787,279	124,469	256,841	988,696	3,542,735	6,209	2,683
2001	2001	7,446,187	768,292	10.32%	10,856,303	3,410,116	50,329	717,963	61,886	10,578	4,583
Total	2001	17,376,854	2,490,282	14.33%	20,928,831	3,551,977	453,084	2,037,198	4,525,113	17,757	7,568
1999	2002	1,365,352	145,204	10.63%	1,341,365	-23,987	209,122	-63,918	1,048,275	919	290
2000	2002	8,939,911	2,822,690	31.57%	8,853,297	-86,614	774,667	2,048,023	6,426,202	5,693	2,441
2001	2002	15,788,917	2,845,443	18.02%	15,733,425	-55,492	692,810	2,152,633	5,674,729	10,115	4,374
2002	2002	2,497,280	188,135	7.53%	2,835,599	338,319	4,722	183,413	-70,112	2,219	1,014
Total	2002	28,591,460	6,001,472	20.99%	28,763,686	172,226	1,681,321	4,320,151	13,079,094	18,946	8,119
1999	2003	1,424,003	808,386	56.77%	1,458,002	33,999	224,208	584,178	111,281	861	272
2000	2003	8,893,603	3,826,257	43.02%	8,904,479	10,876	1,477,618	2,348,639	1,944,048	4,979	2,107
2001	2003	15,590,538	6,097,961	39.11%	15,381,213	-209,325	1,542,859	4,555,102	6,127,579	8,619	3,726
2002	2003	2,906,561	522,823	17.99%	2,931,530	24,969	112,371	410,452	1,046,736	1,931	900
2003	2003	6,704	243	3.62%	9,460	2,756	0	243	3,547	6	2
Total	2003	28,821,409	11,255,670	39.05%	28,684,684	-136,725	3,357,056	7,898,614	9,233,191	16,396	7,007
1999	2004	1,497,389	751,750	50.20%	1,495,181	-2,208	374,138	377,612	717,782	829	268
2000	2004	8,950,998	3,429,415	38.31%	8,852,319	-98,679	2,308,467	1,120,948	4,325,718	4,713	2,018
2001	2004	15,416,366	3,697,039	23.98%	15,344,510	-71,856	2,575,950	1,121,089	7,223,846	7,938	3,380
2002	2004	2,918,567	562,420	19.27%	2,900,095	-18,472	196,412	366,008	1,738,377	1,788	822
2003	2004	10,829	158	1.46%	8,330	-2,499	0	158	1,872	6	2
Total	2004	28,794,149	8,440,782	29.31%	28,600,435	-193,714	5,454,967	2,985,815	14,007,595	15,274	6,490
1999	2005	1,439,015	920,231	63.95%	1,417,224	-21,791	672,877	247,354	687,828	799	258
2000	2005	8,516,397	4,216,651	49.51%	8,424,048	-92,349	2,808,992	1,407,659	4,544,138	4,536	1,949
2001	2005	14,602,845	6,964,677	47.69%	14,402,826	-200,019	3,914,897	3,049,780	7,270,726	7,508	3,216
2002	2005	2,781,716	839,227	30.17%	2,752,241	-29,475	414,566	424,661	1,596,840	1,681	746
2003	2005	11,453	161	1.41%	11,475	22	0	161	14,970	6	2
Total	2005	27,351,426	12,940,947	47.31%	27,007,814	-343,612	7,811,332	5,129,615	14,114,502	14,530	6,171
1999	2006	1,411,608	1,391,887	98.60%	1,410,056	-1,552	748,754	643,133	627,775	751	246
2000	2006	8,452,715	5,611,665	66.39%	8,468,873	16,158	3,358,398	2,253,267	4,407,480	4,345	1,883
2001	2006	14,262,263	9,144,128	64.11%	14,251,005	-11,258	4,957,874	4,186,254	6,488,361	7,095	3,028
2002	2006	2,740,907	843,310	30.77%	2,796,596	55,689	537,795	305,515	1,662,643	1,607	713
2003	2006	11,170	168	1.50%	11,203	33	0	168	13,528	6	2
Total	2006	26,878,663	16,991,158	63.21%	26,937,733	59,070	9,602,821	7,388,337	13,199,787	13,804	5,872
1999	2007	1,463,910	780,163	53.29%	1,441,309	-22,601	909,345	-129,182	568,264	711	235
2000	2007	8,962,753	6,338,876	70.72%	8,963,271	518	4,457,551	1,881,325	4,259,771	4,196	1,835
2001	2007	14,943,658	11,058,683	74.00%	15,008,226	64,568	6,801,570	4,257,113	6,431,913	6,789	2,904
2002	2007	2,884,694	1,443,192	50.03%	2,853,669	-31,025	696,608	746,584	1,569,371	1,556	692

Individual Accident & Health Experience

Is the change in the active life reserve included in the incurred claims? **NO**

698 LTC Policy and Riders - Medico/Medico Life Insurance Companies - Nationwide Experience

This printout is based upon experience through **12/31/2007**

ISSUE YEAR	EXPER YEAR	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO	WRITTEN PREMIUM	CHANGE IN UNERND PRM	PAID CLAIMS	CHANGE IN CLAIM RES	CHANGE IN ACT LF RES	POLICY COUNT	RIDER COUNT
2003	2007	12,727	190	1.49%	12,746	19	0	190	6,838	6	2
Total	2007	28,267,742	19,621,104	69.41%	28,279,221	11,479	12,865,074	6,756,030	12,836,157	13,258	5,668
Grand	Total	191,328,991	78,396,679	40.97%	196,782,644	5,453,653	41,288,208	37,108,471	81,516,863		
Present Value - 4.50%											
Grand	Total	218,866,989	86,177,590	39.37%	226,214,763	7,347,774	44,428,955	41,748,635	91,940,475		