

SERFF Tracking Number: *PHYS-126360439* State: *Arkansas*  
 Filing Company: *Physicians Mutual Insurance Company* State Tracking Number: *43913*  
 Company Tracking Number:  
 TOI: *MS021 Individual Medicare Supplement - Pre- Standardized* Sub-TOI: *MS021.000 Medicare Supplement - Pre- Standardized*  
 Product Name: *PreCore*  
 Project Name/Number: */*

## Filing at a Glance

Company: Physicians Mutual Insurance Company

Product Name: PreCore SERFF Tr Num: PHYS-126360439 State: Arkansas  
 TOI: MS021 Individual Medicare Supplement - Pre-Standardized SERFF Status: Closed-Approved- Closed State Tr Num: 43913  
 Sub-TOI: MS021.000 Medicare Supplement - Pre-Standardized Co Tr Num: State Status: Approved-Closed  
 Filing Type: Rate Reviewer(s): Stephanie Fowler  
 Authors: Tracy Comba, Richie Hinman Disposition Date: 12/16/2009  
 Date Submitted: 10/27/2009 Disposition Status: Approved-Closed  
 Implementation Date Requested: 04/01/2010 Implementation Date: 04/01/2010

State Filing Description:

## General Information

Project Name: Status of Filing in Domicile: Authorized  
 Project Number: Date Approved in Domicile: 10/15/2009  
 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: 7.4% Group Market Type:  
 Filing Status Changed: 12/16/2009 Explanation for Other Group Market Type:  
 State Status Changed: 12/16/2009  
 Deemer Date: Created By: Tracy Comba  
 Submitted By: Tracy Comba Corresponding Filing Tracking Number:  
 Filing Description:  
 This filing is a combination of our annual filing of premium rates and loss ratio projections and our proposed rate revision for 2010. It has been organized into two separate sections.

The first section of this filing meets the reporting requirements as set forth under Section 13 C of the NAIC model regulation. In addition, it shows that we meet, or can reasonably expect to meet, all of the mandated loss ratio standards. Our reporting format closely follows the order of presentation in Section III of the NAIC compliance manual.

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 Product Name: *PreCore*  
 Project Name/Number: */*

The second section of this filing explains our need for a rate revision. This section also follows the order of presentation in Sections III and IV of the NAIC compliance manual.

We look forward to your approval of this filing. If you have any questions or need any additional information, please contact me at (402) 633-5782 or at fax number (402) 930-2732 or at e-mail address richie.hinman@physiciansmutual.com.

## Company and Contact

### Filing Contact Information

Richie Hinman, Re-Rating Supervisor richie.hinman@physiciansmutual.com  
 2600 Dodge Street 402-633-5782 [Phone]  
 Omaha, NE 68131 402-633-1096 [FAX]

### Filing Company Information

Physicians Mutual Insurance Company CoCode: 80578 State of Domicile: Nebraska  
 2600 Dodge Street Group Code: 367 Company Type:  
 Omaha, NE 68131 Group Name: State ID Number:  
 (402) 633-1188 ext. [Phone] FEIN Number: 47-0270450

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Physicians Mutual Insurance Company	\$0.00	10/27/2009	
Physicians Mutual Insurance Company	\$50.00	12/01/2009	32386402

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 Product Name: *PreCore*  
 Project Name/Number: */*

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	12/16/2009	12/16/2009

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	12/01/2009	12/01/2009	Tracy Comba	12/01/2009	12/01/2009

SERFF Tracking Number: *PHYS-126360439* State: *Arkansas*  
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 Product Name: *PreCore*  
 Project Name/Number: */*

## Disposition

Disposition Date: 12/16/2009

Implementation Date: 04/01/2010

Status: Approved-Closed

Comment: The requested rate increases have been approved to be implemented on or after April 1, 2010. This approval is subject to the following:

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

<b>Company Name:</b>	<b>Overall % Indicated Change:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Written Premium for this Program:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>
Physicians Mutual Insurance Company	7.400%	7.400%	\$10,737	35	\$145,092	9.000%	5.000%

SERFF Tracking Number: *PHYS-126360439* State: *Arkansas*  
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 TOI: *MS021 Individual Medicare Supplement - Pre- Standardized* Sub-TOI: *MS021.000 Medicare Supplement - Pre- Standardized*  
 Product Name: *PreCore*  
 Project Name/Number: */*

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Health - Actuarial Justification	Accepted for Informational Purposes	No
<b>Rate</b>	Rate Pages	Approved	Yes
<b>Rate</b>	Rate Pages	Approved	Yes

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TOI: *MS021 Individual Medicare Supplement - Pre- Standardized* Sub-TOI: *MS021.000 Medicare Supplement - Pre- Standardized*  
Product Name: *PreCore*  
Project Name/Number: */*

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 12/01/2009  
Submitted Date 12/01/2009  
Respond By Date 01/01/2010

Dear Richie Hinman,

This will acknowledge receipt of the captioned filing. Please submit the \$50 filing fee for this filing.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 12/01/2009  
Submitted Date 12/01/2009

Dear Stephanie Fowler,

### Comments:

This is in response to your Objection of 12/01/09.

### Response 1

Comments: Please find attached a \$50 filing fee per your request.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.



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 Product Name: *PreCore*  
 Project Name/Number: */*

**Rate Information**

Rate data applies to filing.

**Filing Method:** Serff  
**Rate Change Type:** Increase  
**Overall Percentage of Last Rate Revision:** 9.000%  
**Effective Date of Last Rate Revision:** 04/01/2009  
**Filing Method of Last Filing:** Serff

**Company Rate Information**

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Physicians Mutual Insurance Company	7.400%	7.400%	\$10,737	35	\$145,092	9.000%	5.000%

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## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved 12/16/2009	Rate Pages	P115, P192, P197, R161, R162, R179, R203, R190, R193, R194, R200, R201, R202, R180	Revised	Previous State Filing Number: Percent Rate Change Request: 5.000	AR_2010_Rates_AG.pdf PreCore_AREAS_Agency.pdf
Approved 12/16/2009	Rate Pages	P192, P315, P138/R700, P397/R633, P393/R621, P393/R622, P397/R631, P393/R620	Revised	Previous State Filing Number: Percent Rate Change Request: 9.000	AR_2010_Rates_DR.pdf

## **CURRENT RATE SCHEDULES**

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P115  
AGENCY SALES  
20% OF PART B BILLED  
ARKANSAS

<u>AGE</u>		<u>2009 MONTHLY BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$311.60
	UNDERWRITTEN	\$255.40

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P192  
AGENCY SALES  
20% OF PART B BILLED  
ARKANSAS

<u>AGE</u>	<u>2009 MONTHLY BASE PREMIUM</u>
00-99	\$311.60

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: 1.000    QTRLY: 2.860    SEMI-ANN: 5.620    ANNUAL: 10.910 .

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P197  
AGENCY SALES  
20% OF PART B BILLED  
ARKANSAS

<u>AGE</u>		<u>2009 MONTHLY BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$293.93
	UNDERWRITTEN	\$240.94

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QRTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

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TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R161  
AGENCY SALES  
40% OF PART B BILLED  
ARKANSAS

<u>AGE</u>	<u>2009 MONTHLY BASE PREMIUM</u>
00-99	\$60.69

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: 1.000    QTRLY: 2.860    SEMI-ANN: 5.620    ANNUAL: 10.910 .

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R162  
AGENCY SALES  
CONVALESCENT NURSING FACILITY CARE  
ARKANSAS

<u>AGE</u>	<u>2009 MONTHLY BASE PREMIUM</u>
00-99	\$85.18

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

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TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R179  
AGENCY SALES  
100% OF PART B BILLED  
ARKANSAS

<u>AGE</u>	2009 MONTHLY BASE <u>PREMIUM</u>
00-99	\$112.74

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950    QRTRLY: 2.860    SEMI-ANN: 5.620    ANNUAL: 10.910 .

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
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TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R180  
AGENCY SALES  
PART A DEDUCTIBLE REDUCTION  
ARKANSAS

<u>AGE</u>	<u>2009 MONTHLY BASE PREMIUM</u>
00-99	-\$39.78

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950    QRTRLY: 2.860    SEMI-ANN: 5.620    ANNUAL: 10.910 .

PHYSICIANS MUTUAL INSURANCE COMPANY  
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TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R190  
AGENCY SALES  
40% OF PART B BILLED  
ARKANSAS

<u>AGE</u>		<u>2009 MONTHLY BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$57.27
	UNDERWRITTEN	\$47.62

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QRTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
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PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
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TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R193  
AGENCY SALES  
100% OF PART B BILLED  
ARKANSAS

<u>AGE</u>		<u>2009 MONTHLY BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$106.37
	UNDERWRITTEN	\$88.52

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QRTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
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TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R194  
AGENCY SALES  
PART A DEDUCTIBLE REDUCTION  
ARKANSAS

<u>AGE</u>	<u>2009 MONTHLY BASE PREMIUM</u>
00-99	-\$37.67

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

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TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R200  
AGENCY SALES  
CONVALESCENT NURSING FACILITY CARE  
ARKANSAS

<u>AGE</u>	<u>2009 MONTHLY BASE PREMIUM</u>
00-99	\$85.18

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
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TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R201  
AGENCY SALES  
100% OF PART B BILLED  
ARKANSAS

<u>AGE</u>		<u>2009 MONTHLY BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$112.74
	UNDERWRITTEN	\$93.82

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
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PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
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TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R202  
AGENCY SALES  
40% OF PART B BILLED  
ARKANSAS

<u>AGE</u>		<u>2009 MONTHLY BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$57.27
	UNDERWRITTEN	\$47.62

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
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TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R203  
AGENCY SALES  
PART A DEDUCTIBLE REDUCTION  
ARKANSAS

<u>AGE</u>	<u>2009 MONTHLY BASE PREMIUM</u>
00-99	-\$35.16

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

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# **PROPOSED RATE SCHEDULES**

PHYSICIANS MUTUAL INSURANCE COMPANY  
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OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P115  
AGENCY SALES  
20% OF PART B BILLED  
ARKANSAS

<u>AGE</u>		<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$327.18
	UNDERWRITTEN	\$268.17

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

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P115-AG-AR-102709

PHYSICIANS MUTUAL INSURANCE COMPANY  
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OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P192  
AGENCY SALES  
20% OF PART B BILLED  
ARKANSAS

<u>AGE</u>	<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$327.18

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: 1.000    QRTRLY: 2.860    SEMI-ANN: 5.620    ANNUAL: 10.910 .

P192-AG-AR-102709

PHYSICIANS MUTUAL INSURANCE COMPANY  
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TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P197  
AGENCY SALES  
20% OF PART B BILLED  
ARKANSAS

<u>AGE</u>		<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$308.63
	UNDERWRITTEN	\$252.99

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QRTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

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P197-AG-AR-102709

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R161  
AGENCY SALES  
40% OF PART B BILLED  
ARKANSAS

<u>AGE</u>	<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$63.72

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: 1.000    QRTRLY: 2.860    SEMI-ANN: 5.620    ANNUAL: 10.910 .

R161-AG-AR-102709

PHYSICIANS MUTUAL INSURANCE COMPANY  
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OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R162  
AGENCY SALES  
CONVALESCENT NURSING FACILITY CARE  
ARKANSAS

<u>AGE</u>	<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$89.44

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

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R162-AG-AR-102709

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TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R179  
AGENCY SALES  
100% OF PART B BILLED  
ARKANSAS

<u>AGE</u>	<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$118.38

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

R179-AG-AR-102709

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R180  
AGENCY SALES  
PART A DEDUCTIBLE REDUCTION  
ARKANSAS

<u>AGE</u>	<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	-\$41.49

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

R180-AG-AR-102709

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R190  
AGENCY SALES  
40% OF PART B BILLED  
ARKANSAS

<u>AGE</u>		<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$60.13
	UNDERWRITTEN	\$50.00

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QRTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

R190-AG-AR-102709

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R193  
AGENCY SALES  
100% OF PART B BILLED  
ARKANSAS

<u>AGE</u>		<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$111.69
	UNDERWRITTEN	\$92.95

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QTRTRY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

R193-AG-AR-102709

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R194  
AGENCY SALES  
PART A DEDUCTIBLE REDUCTION  
ARKANSAS

<u>AGE</u>	<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	-\$39.29

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

R194-AG-AR-102709

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R200  
AGENCY SALES  
CONVALESCENT NURSING FACILITY CARE  
ARKANSAS

<u>AGE</u>	<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$89.44

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

R200-AG-AR-102709

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R201  
AGENCY SALES  
100% OF PART B BILLED  
ARKANSAS

<u>AGE</u>		<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$118.38
	UNDERWRITTEN	\$98.51

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

R201-AG-AR-102709

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R202  
AGENCY SALES  
40% OF PART B BILLED  
ARKANSAS

<u>AGE</u>		<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$60.13
	UNDERWRITTEN	\$50.00

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

R202-AG-AR-102709

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R203  
AGENCY SALES  
PART A DEDUCTIBLE REDUCTION  
ARKANSAS

<u>AGE</u>	<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	-\$36.67

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

R203-AG-AR-102709

# PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

Pre-Standardized Medicare Supplement

Area Rating Factors by ZIP Code

Agent Sold Business

AREA A	AREA F	AREA G	AREA H	AREA I	AREA J	
027-029	580-589	010-016	017-019	020-022	100-102	330-333
030-039	590-599	023-028	070-073	103-104	190-191	900-918
050-059	607-629	060	080-081	111-114	334	926-928
061-067	630-659	068-069	106-108	116	482	
090-099	660-679	074-079	110	189	485	
120-124	680-699	082-089	115	192-194	941	
128-149	702	105	117-119	200		
155	705-706	109	150-152	202-205		
157-179	709-715	125-127	186-187	484		
182-183	716-729	153-154	207-214	920-925		
188	730-749	156	222-223	930-931		
195-196	750-799	180-181	320-322	933		
197	800-801	184-185	602-603	940		
199	803-819	198	606	942-946		
201	820-831	206	890			
224-246	832-839	215-219	894-895			
246-268	840-849	220-221	947-951			
270-289	854-869	327-329	894-895			
290-299	870-889	335-339	947-951			
310-319	899	342				
323-326	919	347				
340-341	962-966	480-481				
343-346	967-969	486				
348-349	970-979	600-601				
350-369	980-994	604-605				
370-385		700-701				
386-399		703-704				
425-429		707-708				
430-459		802				
460-479		850-853				
483		891-893				
487-499		896-898				
521-529		929				
530-549		935-939				
550-569		952-961				
570-579		995-999				

AREA A	AREA F	AREA G	AREA H	AREA I	AREA J
1.00	1.15	1.25	1.35	1.50	1.70

PRECORE-STD-070193

## **CURRENT RATE SCHEDULES**

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P192  
DIRECT RESPONSE SALES  
20% OF PART B BILLED  
ARKANSAS

<u>AGE</u>	<u>2009 MONTHLY BASE PREMIUM</u>
00-99	\$310.61

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: 1.000    QRTRLY: 2.860    SEMI-ANN: 5.620    ANNUAL: 10.910 .

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P315  
DIRECT RESPONSE SALES  
100% OF PART B BILLED  
ARKANSAS

<u>AGE</u>	<u>2009 MONTHLY BASE PREMIUM</u>
00-99	\$329.44

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P393/R620  
DIRECT RESPONSE SALES  
20% OF APPROVED WITH \$200 DEDUCTIBLE  
ARKANSAS

<u>AGE</u>	<u>2009 MONTHLY BASE PREMIUM</u>
00-99	\$286.98

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .930 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P393/R621  
DIRECT RESPONSE SALES  
20% OF APPROVED  
ARKANSAS

<u>AGE</u>	<u>2009 MONTHLY BASE PREMIUM</u>
00-99	\$313.83

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .930 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P393/R622  
DIRECT RESPONSE SALES  
100% OF PART B BILLED  
ARKANSAS

<u>AGE</u>	2009 MONTHLY BASE <u>PREMIUM</u>
00-99	\$519.32

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .930 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P397/R631  
DIRECT RESPONSE SALES  
20% OF APPROVED WITH \$200 DEDUCTIBLE  
ARKANSAS

<u>AGE</u>	2009 MONTHLY BASE <u>PREMIUM</u>
00-99	\$241.17

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P397/R633  
DIRECT RESPONSE SALES  
100% OF PART B BILLED  
ARKANSAS

<u>AGE</u>	<u>2009 MONTHLY BASE PREMIUM</u>
00-99	\$329.44

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

# **PROPOSED RATE SCHEDULES**

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P192  
DIRECT RESPONSE SALES  
20% OF PART B BILLED  
ARKANSAS

<u>AGE</u>	<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$338.56

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: 1.000    QRTRLY: 2.860    SEMI-ANN: 5.620    ANNUAL: 10.910 .

P192-DR-AR-102709

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P315  
DIRECT RESPONSE SALES  
100% OF PART B BILLED  
ARKANSAS

<u>AGE</u>	<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$359.09

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

P315-DR-AR-102709

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P393/R620  
DIRECT RESPONSE SALES  
20% OF APPROVED WITH \$200 DEDUCTIBLE  
ARKANSAS

<u>AGE</u>	<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$312.81

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .930 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

P393/R620-DR-AR-102709

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P393/R621  
DIRECT RESPONSE SALES  
20% OF APPROVED  
ARKANSAS

<u>AGE</u>	<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$342.07

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .930 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

P393/R621-DR-AR-102709

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P393/R622  
DIRECT RESPONSE SALES  
100% OF PART B BILLED  
ARKANSAS

<u>AGE</u>	<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$566.06

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .930 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

P393/R622-DR-AR-102709

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P397/R631  
DIRECT RESPONSE SALES  
20% OF APPROVED WITH \$200 DEDUCTIBLE  
ARKANSAS

<u>AGE</u>	<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$262.88

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

P397/R631-DR-AR-102709

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P397/R633  
DIRECT RESPONSE SALES  
100% OF PART B BILLED  
ARKANSAS

<u>AGE</u>	<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$359.09

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

P397/R633-DR-AR-102709