Filing at a Glance

Company: American Republic Insurance Company

Product Name: ARIC MS - Refund Calculation	SERFF Tr Num: AMRP-126155845	State: ArkansasLH
TOI: MS06 Medicare Supplement - Other	SERFF Status: Closed	State Tr Num: 42389
Sub-TOI: MS06.000 Medicare Supplement - Other	Co Tr Num: AR-ARREFCALC-2008	State Status: Filed-Closed
Filing Type: Rate	Co Status:	Reviewer(s): Stephanie Fowler
	Author: Mike Haynes	Disposition Date: 05/21/2009
	Date Submitted: 05/18/2009	Disposition Status: Accepted For Informational Purposes
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: 2008 Refund Calculation
Project Number: AR-ARREFCALC-2008
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 05/21/2009

Deemer Date:

Filing Description:

2008 Medicare Supplement Refund Calculation

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 05/21/2009
Corresponding Filing Tracking Number:

Company and Contact

Filing Contact Information

Mike Haynes, mike.haynes@americanenterprise.com

Product Analyst 2 Actuarial (402) 496-8278 [Phone]

Omaha, NE 68103-0160

Filing Company Information

American Republic Insurance Company	CoCode: 60836	State of Domicile: Iowa
601 6th Ave	Group Code: 3527	Company Type: Life Accident and Health Insurance
Des Moines, IA 50309	Group Name:	State ID Number:
(800) 987-8988 ext. [Phone]	FEIN Number: 42-0113630	

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Republic Insurance Company	$50.00	05/18/2009	27947011

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	05/21/2009	05/21/2009

Disposition

Disposition Date: 05/21/2009

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*AMRP-126155845*	*State:*	*Arkansas*
Filing Company:	*American Republic Insurance Company*	*State Tracking Number:*	*42389*
Company Tracking Number:	*AR-ARREFCALC-2008*		
TOI:	*MS06 Medicare Supplement - Other*	*Sub-TOI:*	*MS06.000 Medicare Supplement - Other*
Product Name:	*ARIC MS - Refund Calculation*		
Project Name/Number:	*2008 Refund Calculation/AR-ARREFCALC-2008*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	Yes

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name: Health - Actuarial Justification

Review Status:
Accepted for Informational Purposes 05/21/2009

Comments:

Attachments:
AR_ARREFCALC_2008.pdf
ArkansasARIC.pdf

American Republic Insurance Company
601 6th Avenue, Des Moines, Iowa 50309

May 18, 2009

Mr. John Shields
Arkansas Department of Insurance
1200 West 3rd Street
Little Rock AR 72201-1904

RE: NAIC Company # 60836
Medicare Supplement Refund Calculation

Dear Mr. John Shields:

Enclosed are the completed Medicare Supplement Refund Calculation forms that must be filed with your office by May 31, 2009.

If you have any questions or concerns, please contact me at the e-mail address or telephone number listed below.

Sincerely,

Michael Haynes
Product Analyst
American Republic Insurance Company
(402) 496-8278 phone
(402) 496-8040 fax
mike.haynes@americanenterprise.com

MEDICARE SUPPLEMENT REFUND CALCULATION FORM
FOR CALENDAR YEAR 2008

TYPE	Individual		SMSBP (w)	Pre-Standard	Form PreStd
For the State of	ARKANSAS				
Company Name	AMERICAN REPUBLIC INSURANCE COMPANY				
NAIC Group Code	3527	NAIC Company Code		60836	
Address	601 Sixth Avenue Des Moines, Iowa 50309				
Person Completing This Exhibit		Susan L. Dop			
Title	Pricing Supervisor		Telephone Number	(515) 245-2034	

		(a) Earned Premium	(b) Incurred Claims	
1	Current Year's Experience			
	a. Total (all policy years)	4,566	236	
	b. Current year's issues (z)	0	0	
	c. Net (1a - 1b)	4,566	236	
2	Past Years' Experience (All policy years)	133,760	86,529	
3	Total Experience (1c + 2)	138,326	86,764	
4	Refunds Last Year (Excluding Interest)	0		
5	Previous Since Inception (Excluding Interest)	0		
6	Refunds Since Inception (Excluding Interest)	0		
7	Benchmark Ratio Since Inception (Ratio 1)	0.640		
8	Experienced Ratio Since Inception (Ratio 2) (Line 3, Col. b) / (Line 3, Col. a - Line 6)	0.627		
9	Life Years Exposed Since Inception If (Line 8<Line 7) AND (Line 9 > 500) , proceed: else stop.	108.43		
10	Tolerance Permitted (from credibility table)	N/A		
11	Adjustment to incurred claims for credibility (Ratio 3 = Ratio 2 + Tolerance)	N/A		If Line 11 > Line 7, a refund/credit is not required.
12	Adjusted Incurred Claims (Line 3, Col a - Line 6) x Line 11	N/A		
13	Refund (Line 3, Col a - Line 6 - (Line12/Line	N/A		The refund is only paid if it exceeds the Deminimus Amount. The distribution methodology must be filed also.
	Deminimus Amount	N/A		

Medicare Supplement Credibility Table	
Life Years Exposed Since Inception	Tolerance
10,000+	0.0%
5,000 - 9,999	5.0%
2,500 - 4,999	7.5%
1,000 - 2,499	10.0%
500 - 999	15.0%
If less than 500, no credibility	

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.

Signature: Christopher L. Aasland

Name (type): Christopher L. Aasland, F.S.A., M.A.A.A.

Title: Vice President

Date: 24-Apr-2009

MEDICARE SUPPLEMENT REFUND CALCULATION FORM
FOR CALENDAR YEAR 2008

TYPE **Individual** SMSBP (w) **Pre-Standard** Form **PreStd**

For the State of **ARKANSAS**

Company Name **AMERICAN REPUBLIC INSURANCE COMPANY**

NAIC Group Code **3527** NAIC Company Code **60836**

Address **601 Sixth Avenue Des Moines, Iowa 50309**

Person Completing This Exhibit **Susan L. Dop**

Title **Pricing Supervisor** Telephone Number **(515) 245-2034**

(A) Year	(B) Earned Premium	(C) Factor	(D) (b) x (c)	(E) Cummulative Loss Ratio	(F) (d) x (e)	(G) Factor	(H) (b) x (g)	(I) Cumulative Loss Ratio	(J) (h) x (i)	(O) Policy year Loss Ratio
1	0	2.770	0	0.442	0	0.000	0	0.000	0	0.400
2	0	4.175	0	0.493	0	0.000	0	0.000	0	0.550
3	0	4.175	0	0.493	0	1.194	0	0.659	0	0.650
4	0	4.175	0	0.493	0	2.245	0	0.669	0	0.670
5	0	4.175	0	0.493	0	3.170	0	0.678	0	0.690
6	0	4.175	0	0.493	0	3.998	0	0.686	0	0.710
7	0	4.175	0	0.493	0	4.754	0	0.695	0	0.730
8	0	4.175	0	0.493	0	5.445	0	0.702	0	0.750
9	0	4.175	0	0.493	0	6.075	0	0.708	0	0.760
10	0	4.175	0	0.493	0	6.650	0	0.713	0	0.760
11	0	4.175	0	0.493	0	7.176	0	0.717	0	0.760
12	13,321	4.175	55,617	0.493	27,419	7.655	101,975	0.720	73,422	0.770
13	0	4.175	0	0.493	0	8.093	0	0.723	0	0.770
14	0	4.175	0	0.493	0	8.493	0	0.725	0	0.770
15	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
Total		(K) :	55,617	(L) :	27,419	(M) :	101,975	(N) :	73,422	

Benchmark Ratio Since Inception: (L + N) / (K + M) : 0.640

(a) : Year 1 is the current calendar year - 1
Year 2 is the current calendar year - 2
(Etc.)

(b) : For the calendar year on the appropriate line in column (a) , the premium earned during that year for policies issued in that year.

(o) : These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios, on a policy year basis, which result in the cumulative loss ratios displayed on this worksheet.

MEDICARE SUPPLEMENT REFUND CALCULATION FORM
FOR CALENDAR YEAR 2008

TYPE	Individual	SMSBP (w)	PLAN A	Form A-3146
For the State of	ARKANSAS			
Company Name	AMERICAN REPUBLIC INSURANCE COMPANY			
NAIC Group Code	3527	NAIC Company Code	60836	
Address	601 Sixth Avenue Des Moines, Iowa 50309			
Person Completing This Exhibit	Susan L. Dop			
Title	Pricing Supervisor	Telephone Number	(515) 245-2034	

		(a) Earned Premium	(b) Incurred Claims
1	Current Year's Experience		
	a. Total (all policy years)	0	0
	b. Current year's issues (z)	0	0
	c. Net (1a - 1b)	0	0
2	Past Years' Experience (All policy years)	0	0
3	Total Experience (1c + 2)	0	0
4	Refunds Last Year (Excluding Interest)	0	
5	Previous Since Inception (Excluding Interest)	0	
6	Refunds Since Inception (Excluding Interest)	0	
7	Benchmark Ratio Since Inception (Ratio 1)	0.000	
8	Experienced Ratio Since Inception (Ratio 2) (Line 3, Col. b) / (Line 3, Col. a - Line 6)	0.000	
9	Life Years Exposed Since Inception If (Line 8<Line 7) AND (Line 9 > 500) , proceed: else stop.	0.00	
10	Tolerance Permitted (from credibility table)	N/A	
11	Adjustment to incurred claims for credibility (Ratio 3 = Ratio 2 + Tolerance)	N/A	If Line 11 > Line 7, a refund/credit is not required.
12	Adjusted Incurred Claims (Line 3, Col a - Line 6) x Line 11	N/A	
13	Refund (Line 3, Col a - Line 6 - (Line12/Line	N/A	The refund is only paid if it exceeds the Deminimus Amount. The distribution methodology must be filed also.
	Deminimus Amount	N/A	

Medicare Supplement Credibility Table	
Life Years Exposed Since Inception	Tolerance
10,000+	0.0%
5,000 - 9,999	5.0%
2,500 - 4,999	7.5%
1,000 - 2,499	10.0%
500 - 999	15.0%
If less than 500, no credibility	

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.

Signature: Christopher L. Aasland

Name (type): Christopher L. Aasland, F.S.A., M.A.A.A.

Title: Vice President

Date: 24-Apr-2009

MEDICARE SUPPLEMENT REFUND CALCULATION FORM
FOR CALENDAR YEAR 2008

Form A-3146

TYPE **Individual** SMSBP (w) **PLAN A**

For the State of **ARKANSAS**

Company Name **AMERICAN REPUBLIC INSURANCE COMPANY**

NAIC Group Code **3527** NAIC Company Code **60836**

Address **601 Sixth Avenue Des Moines, Iowa 50309**

Person Completing This Exhibit **Susan L. Dop**

Title **Pricing Supervisor** Telephone Number **(515) 245-2034**

(A) Year	(B) Earned Premium	(C) Factor	(D) (b) x (c)	(E) Cummulative Loss Ratio	(F) (d) x (e)	(G) Factor	(H) (b) x (g)	(I) Cumulative Loss Ratio	(J) (h) x (i)	(O) Policy year Loss Ratio
1	0	2.770	0	0.442	0	0.000	0	0.000	0	0.400
2	0	4.175	0	0.493	0	0.000	0	0.000	0	0.550
3	0	4.175	0	0.493	0	1.194	0	0.659	0	0.650
4	0	4.175	0	0.493	0	2.245	0	0.669	0	0.670
5	0	4.175	0	0.493	0	3.170	0	0.678	0	0.690
6	0	4.175	0	0.493	0	3.998	0	0.686	0	0.710
7	0	4.175	0	0.493	0	4.754	0	0.695	0	0.730
8	0	4.175	0	0.493	0	5.445	0	0.702	0	0.750
9	0	4.175	0	0.493	0	6.075	0	0.708	0	0.760
10	0	4.175	0	0.493	0	6.650	0	0.713	0	0.760
11	0	4.175	0	0.493	0	7.176	0	0.717	0	0.760
12	0	4.175	0	0.493	0	7.655	0	0.720	0	0.770
13	0	4.175	0	0.493	0	8.093	0	0.723	0	0.770
14	0	4.175	0	0.493	0	8.493	0	0.725	0	0.770
15	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
Total		(K) :	0	(L) :	0	(M) :	0	(N) :	0	

Benchmark Ratio Since Inception: (L + N) / (K + M) : 0.000

(a) : Year 1 is the current calendar year - 1
Year 2 is the current calendar year - 2
(Etc.)

(b) : For the calendar year on the appropriate line in column (a) , the premium earned during that year for policies issued in that year.

(o) : These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios, on a policy year basis, which result in the cumulative loss ratios displayed on this worksheet.

MEDICARE SUPPLEMENT REFUND CALCULATION FORM
FOR CALENDAR YEAR 2008

TYPE	Individual	SMSBP (w)	PLAN F	Form A-4028
For the State of	ARKANSAS			
Company Name	AMERICAN REPUBLIC INSURANCE COMPANY			
NAIC Group Code	3527	NAIC Company Code	60836	
Address	601 Sixth Avenue Des Moines, Iowa 50309			
Person Completing This Exhibit	Susan L. Dop			
Title	Pricing Supervisor	Telephone Number	(515) 245-2034	

		(a) Earned Premium	(b) Incurred Claims
1	Current Year's Experience		
	a. Total (all policy years)	0	0
	b. Current year's issues (z)	0	0
	c. Net (1a - 1b)	0	0
2	Past Years' Experience (All policy years)	0	0
3	Total Experience (1c + 2)	0	0
4	Refunds Last Year (Excluding Interest)	0	
5	Previous Since Inception (Excluding Interest)	0	
6	Refunds Since Inception (Excluding Interest)	0	
7	Benchmark Ratio Since Inception (Ratio 1)	0.000	
8	Experienced Ratio Since Inception (Ratio 2) (Line 3, Col. b) / (Line 3, Col. a - Line 6)	0.000	
9	Life Years Exposed Since Inception If (Line 8<Line 7) AND (Line 9 > 500) , proceed: else stop.	0.00	
10	Tolerance Permitted (from credibility table)	N/A	
11	Adjustment to incurred claims for credibility (Ratio 3 = Ratio 2 + Tolerance)	N/A	If Line 11 > Line 7, a refund/credit is not required.
12	Adjusted Incurred Claims (Line 3, Col a - Line 6) x Line 11	N/A	
13	Refund (Line 3, Col a - Line 6 - (Line12/Line	N/A	The refund is only paid if it exceeds the Deminimus Amount. The distribution methodology must be filed also.
	Deminimus Amount	N/A	

Medicare Supplement Credibility Table	
Life Years Exposed Since Inception	Tolerance
10,000+	0.0%
5,000 - 9,999	5.0%
2,500 - 4,999	7.5%
1,000 - 2,499	10.0%
500 - 999	15.0%
If less than 500, no credibility	

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.

Signature: Christopher L. Aasland

Name (type): Christopher L. Aasland, F.S.A., M.A.A.A.

Title: Vice President

Date: 24-Apr-2009

MEDICARE SUPPLEMENT REFUND CALCULATION FORM
FOR CALENDAR YEAR 2008

Form A-4028

TYPE **Individual** SMSBP (w) **PLAN F**

For the State of **ARKANSAS**

Company Name **AMERICAN REPUBLIC INSURANCE COMPANY**

NAIC Group Code **3527** NAIC Company Code **60836**

Address **601 Sixth Avenue Des Moines, Iowa 50309**

Person Completing This Exhibit **Susan L. Dop**

Title **Pricing Supervisor** Telephone Number **(515) 245-2034**

(A) Year	(B) Earned Premium	(C) Factor	(D) (b) x (c)	(E) Cummulative Loss Ratio	(F) (d) x (e)	(G) Factor	(H) (b) x (g)	(I) Cumulative Loss Ratio	(J) (h) x (i)	(O) Policy year Loss Ratio
1	0	2.770	0	0.442	0	0.000	0	0.000	0	0.400
2	0	4.175	0	0.493	0	0.000	0	0.000	0	0.550
3	0	4.175	0	0.493	0	1.194	0	0.659	0	0.650
4	0	4.175	0	0.493	0	2.245	0	0.669	0	0.670
5	0	4.175	0	0.493	0	3.170	0	0.678	0	0.690
6	0	4.175	0	0.493	0	3.998	0	0.686	0	0.710
7	0	4.175	0	0.493	0	4.754	0	0.695	0	0.730
8	0	4.175	0	0.493	0	5.445	0	0.702	0	0.750
9	0	4.175	0	0.493	0	6.075	0	0.708	0	0.760
10	0	4.175	0	0.493	0	6.650	0	0.713	0	0.760
11	0	4.175	0	0.493	0	7.176	0	0.717	0	0.760
12	0	4.175	0	0.493	0	7.655	0	0.720	0	0.770
13	0	4.175	0	0.493	0	8.093	0	0.723	0	0.770
14	0	4.175	0	0.493	0	8.493	0	0.725	0	0.770
15	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
Total		(K) :	0	(L) :	0	(M) :	0	(N) :	0	

Benchmark Ratio Since Inception: (L + N) / (K + M) : 0.000

(a) : Year 1 is the current calendar year - 1
Year 2 is the current calendar year - 2
(Etc.)

(b) : For the calendar year on the appropriate line in column (a) , the premium earned during that year for policies issued in that year.

(o) : These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios, on a policy year basis, which result in the cumulative loss ratios displayed on this worksheet.

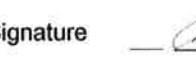
MEDICARE SUPPLEMENT REFUND CALCULATION FORM
FOR CALENDAR YEAR 2008

TYPE	Individual	SMSBP (w)	PLAN D	Form A-4079
For the State of	ARKANSAS			
Company Name	AMERICAN REPUBLIC INSURANCE COMPANY			
NAIC Group Code	3527	NAIC Company Code	60836	
Address	601 Sixth Avenue Des Moines, Iowa 50309			
Person Completing This Exhibit	Susan L. Dop			
Title	Pricing Supervisor	Telephone Number	(515) 245-2034	

		(a) Earned Premium	(b) Incurred Claims
1	Current Year's Experience		
	a. Total (all policy years)	0	0
	b. Current year's issues (z)	0	0
	c. Net (1a - 1b)	0	0
2	Past Years' Experience (All policy years)	0	0
3	Total Experience (1c + 2)	0	0
4	Refunds Last Year (Excluding Interest)	0	
5	Previous Since Inception (Excluding Interest)	0	
6	Refunds Since Inception (Excluding Interest)	0	
7	Benchmark Ratio Since Inception (Ratio 1)	0.000	
8	Experienced Ratio Since Inception (Ratio 2) (Line 3, Col. b) / (Line 3, Col. a - Line 6)	0.000	
9	Life Years Exposed Since Inception If (Line 8<Line 7) AND (Line 9 > 500) , proceed: else stop.	0.00	
10	Tolerance Permitted (from credibility table)	N/A	
11	Adjustment to incurred claims for credibility (Ratio 3 = Ratio 2 + Tolerance)	N/A	If Line 11 > Line 7, a refund/credit is not required.
12	Adjusted Incurred Claims (Line 3, Col a - Line 6) x Line 11	N/A	
13	Refund (Line 3, Col a - Line 6 - (Line12/Line	N/A	The refund is only paid if it exceeds the Deminimus Amount. The distribution methodology must be filed also.
	Deminimus Amount	N/A	

Medicare Supplement Credibility Table	
Life Years Exposed Since Inception	Tolerance
10,000+	0.0%
5,000 - 9,999	5.0%
2,500 - 4,999	7.5%
1,000 - 2,499	10.0%
500 - 999	15.0%
If less than 500, no credibility	

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.

Signature 

Name (type) Christopher L. Aasland, F.S.A., M.A.A.A.

Title Vice President

Date 24-Apr-2009

MEDICARE SUPPLEMENT REFUND CALCULATION FORM
FOR CALENDAR YEAR 2008

Form A-4079

TYPE **Individual** SMSBP (w) **PLAN D**

For the State of **ARKANSAS**

Company Name **AMERICAN REPUBLIC INSURANCE COMPANY**

NAIC Group Code **3527** NAIC Company Code **60836**

Address **601 Sixth Avenue Des Moines, Iowa 50309**

Person Completing This Exhibit **Susan L. Dop**

Title **Pricing Supervisor** Telephone Number **(515) 245-2034**

(A) Year	(B) Earned Premium	(C) Factor	(D) (b) x (c)	(E) Cummulative Loss Ratio	(F) (d) x (e)	(G) Factor	(H) (b) x (g)	(I) Cumulative Loss Ratio	(J) (h) x (i)	(O) Policy year Loss Ratio
1	0	2.770	0	0.442	0	0.000	0	0.000	0	0.400
2	0	4.175	0	0.493	0	0.000	0	0.000	0	0.550
3	0	4.175	0	0.493	0	1.194	0	0.659	0	0.650
4	0	4.175	0	0.493	0	2.245	0	0.669	0	0.670
5	0	4.175	0	0.493	0	3.170	0	0.678	0	0.690
6	0	4.175	0	0.493	0	3.998	0	0.686	0	0.710
7	0	4.175	0	0.493	0	4.754	0	0.695	0	0.730
8	0	4.175	0	0.493	0	5.445	0	0.702	0	0.750
9	0	4.175	0	0.493	0	6.075	0	0.708	0	0.760
10	0	4.175	0	0.493	0	6.650	0	0.713	0	0.760
11	0	4.175	0	0.493	0	7.176	0	0.717	0	0.760
12	0	4.175	0	0.493	0	7.655	0	0.720	0	0.770
13	0	4.175	0	0.493	0	8.093	0	0.723	0	0.770
14	0	4.175	0	0.493	0	8.493	0	0.725	0	0.770
15	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
Total		(K) :	0	(L) :	0	(M) :	0	(N) :	0	

Benchmark Ratio Since Inception: (L + N) / (K + M) : 0.000

(a) : Year 1 is the current calendar year - 1
Year 2 is the current calendar year - 2
(Etc.)

(b) : For the calendar year on the appropriate line in column (a) , the premium earned during that year for policies issued in that year.

(o) : These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios, on a policy year basis, which result in the cumulative loss ratios displayed on this worksheet.

MEDICARE SUPPLEMENT REFUND CALCULATION FORM
FOR CALENDAR YEAR 2008

TYPE	Individual	SMSBP (w)	PLAN J	Form A-4080
For the State of	ARKANSAS			
Company Name	AMERICAN REPUBLIC INSURANCE COMPANY			
NAIC Group Code	3527	NAIC Company Code	60836	
Address	601 Sixth Avenue Des Moines, Iowa 50309			
Person Completing This Exhibit	Susan L. Dop			
Title	Pricing Supervisor	Telephone Number	(515) 245-2034	

		(a) Earned Premium	(b) Incurred Claims	
1	Current Year's Experience			
	a. Total (all policy years)	0	0	
	b. Current year's issues (z)	0	0	
	c. Net (1a - 1b)	0	0	
2	Past Years' Experience (All policy years)	0	0	
3	Total Experience (1c + 2)	0	0	
4	Refunds Last Year (Excluding Interest)	0		
5	Previous Since Inception (Excluding Interest)	0		
6	Refunds Since Inception (Excluding Interest)	0		
7	Benchmark Ratio Since Inception (Ratio 1)	0.000		
8	Experienced Ratio Since Inception (Ratio 2) (Line 3, Col. b) / (Line 3, Col. a - Line 6)	0.000		
9	Life Years Exposed Since Inception If (Line 8<Line 7) AND (Line 9 > 500) , proceed: else stop.	0.00		
10	Tolerance Permitted (from credibility table)	N/A		
11	Adjustment to incurred claims for credibility (Ratio 3 = Ratio 2 + Tolerance)	N/A	If Line 11 > Line 7, a refund/credit is not required.	
12	Adjusted Incurred Claims (Line 3, Col a - Line 6) x Line 11	N/A		
13	Refund (Line 3, Col a - Line 6 - (Line12/Line	N/A	The refund is only paid if it exceeds the Deminimus Amount. The distribution methodology must be filed also.	
	Deminimus Amount	N/A		

Medicare Supplement Credibility Table	
Life Years Exposed Since Inception	Tolerance
10,000+	0.0%
5,000 - 9,999	5.0%
2,500 - 4,999	7.5%
1,000 - 2,499	10.0%
500 - 999	15.0%
If less than 500, no credibility	

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.

Signature

Name (type) Christopher L. Aasland, F.S.A., M.A.A.A.

Title Vice President

Date 24-Apr-2009

MEDICARE SUPPLEMENT REFUND CALCULATION FORM
FOR CALENDAR YEAR 2008

TYPE Individual SMSBP (w) PLAN J Form A-4080
For the State of ARKANSAS
Company Name AMERICAN REPUBLIC INSURANCE COMPANY
NAIC Group Code 3527 NAIC Company Code 60836
Address 601 Sixth Avenue Des Moines, Iowa 50309
Person Completing This Exhibit Susan L. Dop
Title Pricing Supervisor Telephone Number (515) 245-2034

(A) Year	(B) Earned Premium	(C) Factor	(D) (b) x (c)	(E) Cummulative Loss Ratio	(F) (d) x (e)	(G) Factor	(H) (b) x (g)	(I) Cumulative Loss Ratio	(J) (h) x (i)	(O) Policy year Loss Ratio
1	0	2.770	0	0.442	0	0.000	0	0.000	0	0.400
2	0	4.175	0	0.493	0	0.000	0	0.000	0	0.550
3	0	4.175	0	0.493	0	1.194	0	0.659	0	0.650
4	0	4.175	0	0.493	0	2.245	0	0.669	0	0.670
5	0	4.175	0	0.493	0	3.170	0	0.678	0	0.690
6	0	4.175	0	0.493	0	3.998	0	0.686	0	0.710
7	0	4.175	0	0.493	0	4.754	0	0.695	0	0.730
8	0	4.175	0	0.493	0	5.445	0	0.702	0	0.750
9	0	4.175	0	0.493	0	6.075	0	0.708	0	0.760
10	0	4.175	0	0.493	0	6.650	0	0.713	0	0.760
11	0	4.175	0	0.493	0	7.176	0	0.717	0	0.760
12	0	4.175	0	0.493	0	7.655	0	0.720	0	0.770
13	0	4.175	0	0.493	0	8.093	0	0.723	0	0.770
14	0	4.175	0	0.493	0	8.493	0	0.725	0	0.770
15	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
Total		(K) :	0	(L) :	0	(M) :	0	(N) :	0	

Benchmark Ratio Since Inception: (L + N) / (K + M) : 0.000

(a) : Year 1 is the current calendar year - 1
Year 2 is the current calendar year - 2
(Etc.)

(b) : For the calendar year on the appropriate line in column (a) , the premium earned during that year for policies issued in that year.

(o) : These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios, on a policy year basis, which result in the cumulative loss ratios displayed on this worksheet.