Filing at a Glance

Company: World Insurance Company

Product Name: World MS - Refund Calculation	SERFF Tr Num: AMRP-126162119	State: ArkansasLH
TOI: MS06 Medicare Supplement - Other	SERFF Status: Closed	State Tr Num: 42471
Sub-TOI: MS06.000 Medicare Supplement - Other	Co Tr Num: AR-WIREFCALC-2008	State Status: Filed-Closed
Filing Type: Rate	Co Status:	Reviewer(s): Stephanie Fowler
	Author: Mike Haynes	Disposition Date: 05/29/2009
	Date Submitted: 05/23/2009	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-WIREFCALC-2008
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 05/29/2009

Deemer Date:

Filing Description:

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: 05/29/2009
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

World Insurance Company	CoCode: 70629	State of Domicile: Nebraska
11808 Grant Street	Group Code: 3527	Company Type: Life and Health
Omaha, NE 68103-8000	Group Name: American Enterprise	State ID Number:
(402) 496-8289 ext. [Phone]	FEIN Number: 47-0339860	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
World Insurance Company	$50.00	05/23/2009	28081854

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	05/29/2009	05/29/2009

Disposition

Disposition Date: 05/29/2009

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*AMRP-126162119*	*State:*	*Arkansas*
Filing Company:	*World Insurance Company*	*State Tracking Number:*	*42471*
Company Tracking Number:	*AR-WIREFCALC-2008*		
TOI:	*MS06 Medicare Supplement - Other*	*Sub-TOI:*	*MS06.000 Medicare Supplement - Other*
Product Name:	*World MS - Refund Calculation*		
Project Name/Number:	*2008 Refund Calculation/AR-WIREFCALC-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 05/29/2009

Comments:

Attachments:
AR_WIREFCALC_coverltr_2008.pdf
AR World.pdf

WORLD INSURANCE™
11808 Grant Street
Omaha, NE 68164
p.402.496.8300
f.402.496.8040

May 22, 2009

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

RE: NAIC Company # 70629
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
World Insurance Company
(402) 496-8278 phone
(402) 496-8040 fax
mike.haynes@americanenterprise.com

MEDICARE SUPPLEMENT REFUND CALCULATION FORM

FOR CALENDAR YEAR 2008

TYPE **Group** SMSBP(w) **P** **Form: Alta Group**

For the State of **AR**

Company Name **WORLD INSURANCE COMPANY**

NAIC Group Code **3527** NAIC Company Code **070629**

Address **P.O. Box 3160 Omaha, NE 68103-0160**

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)	8,300	8,395
b. Current year's Experience issues(z)	0	0
c. Net (1a-1b)	8,300	8,395
2 Past Years' Experience (All policy Years)	248,038	177,368
3 Total Experience (1c+2)	256,338	185,762
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)	0.738	
8 Experience Ratio Since Inception (Ratio 2) (line 3, Col. B)/(Line 3, Col, a-Line 6)	0.725	
9 Life Years Exposed Since Inception If (Line 8<Line 7) AND (Line 9>500), proceed: else stop.	180.42	
10 Tolerance Permitted (from credibility table)	N/A	
11 Adjustment to incrred 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 - (Line 12/Line7))	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+	0.00%
5,000-9,999	5.00%
2,500-4,999	7.50%
1,000-2,499	10.00%
500-999	15.00%
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.**

Title **Vice President and Actuary**

Date **5/4/09**

Reporting Form for the Calculation of Benchmark Ratio Since Inception for Group Policies
FOR CALENDAR YEAR 2008

World Insurance Company
P.O. Box 3160 Omaha, NE 68103-0160
NAIC Group Code 3527 NAIC Company Code 070629

(a) Year	(b) Earned Premium	(c) Factor	(d) (b) x (c)	(e) Cumm Loss Ratio	(f) (d) x (e)	(g) Factor	(h) (b) x (g)	(I) Cumm Loss Ratio	(j) (h) x (I) Ratio	(o) Policy Yr Loss Ratio
1	0	2.700	-	0.507	-	0.000	-	0.000	-	0.460
2	0	4.175	-	0.567	-	0.000	-	0.000	-	0.630
3	0	4.175	-	0.567	-	1.194	-	0.759	-	0.750
4	0	4.175	-	0.567	-	2.245	-	0.771	-	0.770
5	0	4.175	-	0.567	-	3.170	-	0.782	-	0.800
6	0	4.175	-	0.567	-	3.998	-	0.792	-	0.820
7	0	4.175	-	0.567	-	4.754	-	0.802	-	0.840
8	0	4.175	-	0.567	-	5.445	-	0.811	-	0.870
9	0	4.175	-	0.567	-	6.075	-	0.818	-	0.880
10	0	4.175	-	0.567	-	6.650	-	0.824	-	0.880
11	0	4.175	-	0.567	-	7.176	-	0.828	-	0.880
12	21,301	4.175	88,932	0.567	50,424	7.655	163,059	0.831	135,502	0.880
13	0	4.175	-	0.567	-	8.093	-	0.834	-	0.890
14	0	4.175	-	0.567	-	8.493	-	0.837	-	0.890
15	0	4.175	-	0.567	-	8.684	-	0.838	-	0.890
Total	(k)		88,932	(l)	50,424	(m)	163,059	(n)	135,502	

Benchmark Ratio Since Inception: (l+n)/(k+m): 0.738

Type: Group
SMSBP: P
Form: Alta Group
State: AR

MEDICARE SUPPLEMENT REFUND CALCULATION FORM

FOR CALENDAR YEAR 2008

TYPE **Individual** SMSBP(w) **B** **Form: A05B**

For the State of **AR**

Company Name **WORLD INSURANCE COMPANY**

NAIC Group Code **3527** NAIC Company Code **070629**

Address **P.O. Box 3160 Omaha, NE 68103-0160**

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)	2,690	75
b. Current year's Experience issues(z)	0	0
c. Net (1a-1b)	2,690	75
2 Past Years' Experience (All policy Years)	47,617	35,871
3 Total Experience (1c+2)	50,307	35,945
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)	0.649	
8 Experience Ratio Since Inception (Ratio 2) (line 3, Col. B)/(Line 3, Col, a-Line 6)	0.715	
9 Life Years Exposed Since Inception If (Line 8<Line 7) AND (Line 9>500), proceed: else stop.	30.81	
10 Tolerance Permitted (from credibility table)	N/A	
11 Adjustment to incrred 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 - (Line 12/Line7))	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+	0.00%
5,000-9,999	5.00%
2,500-4,999	7.50%
1,000-2,499	10.00%
500-999	15.00%
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.**

Title **Vice President and Actuary**

Date **5/7/09**

Reporting Form for the Calculation of Benchmark Ratio Since Inception for Individual Policies
FOR CALENDAR YEAR 2008

World Insurance Company
P.O. Box 3160 Omaha, NE 68103-0160
NAIC Group Code 3527 NAIC Company Code 070629

(a) Year	(b) Earned Premium	(c) Factor	(d) (b) x (c)	(e) Cumm Loss Ratio	(f) (d) x (e)	(g) Factor	(h) (b) x (g)	(I) Cumm Loss Ratio	(j) (h) x (I) Ratio	(o) Policy Yr Loss Ratio
1	0	2.700	-	0.442	-	0.000	-	0.000	-	0.400
2	0	4.175	-	0.493	-	0.000	-	0.000	-	0.550
3	0	4.175	-	0.493	-	1.194	-	0.659	-	0.650
4	0	4.175	-	0.493	-	2.245	-	0.669	-	0.670
5	0	4.175	-	0.493	-	3.170	-	0.678	-	0.690
6	0	4.175	-	0.493	-	3.998	-	0.686	-	0.710
7	0	4.175	-	0.493	-	4.754	-	0.695	-	0.730
8	0	4.175	-	0.493	-	5.445	-	0.702	-	0.750
9	0	4.175	-	0.493	-	6.075	-	0.708	-	0.760
10	0	4.175	-	0.493	-	6.650	-	0.713	-	0.760
11	0	4.175	-	0.493	-	7.176	-	0.717	-	0.760
12	0	4.175	-	0.493	-	7.655	-	0.720	-	0.770
13	0	4.175	-	0.493	-	8.093	-	0.723	-	0.770
14	1,526	4.175	6,371	0.493	3,141	8.493	12,960	0.725	9,396	0.770
15	0	4.175	-	0.493	-	8.684	-	0.725	-	0.770
Total	(k)		6,371	(l)	3,141	(m)	12,960	(n)	9,396	

Benchmark Ratio Since Inception: (l+n)/(k+m): 0.649

Type: Individual
SMSBP: B
Form: A05B
State: AR

MEDICARE SUPPLEMENT REFUND CALCULATION FORM

FOR CALENDAR YEAR 2008

TYPE **Individual** SMSBP(w) **C** **Form: A05C**

For the State of **AR**

Company Name **WORLD INSURANCE COMPANY**

NAIC Group Code **3527** NAIC Company Code **070629**

Address **P.O. Box 3160 Omaha, NE 68103-0160**

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)	**2,997**	**2,013**
b. Current year's Experience issues(z)	**0**	**0**
c. Net (1a-1b)	**2,997**	**2,013**
2 Past Years' Experience (All policy Years)	**53,993**	**23,987**
3 Total Experience (1c+2)	**56,989**	**26,000**
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)	**0.648**	
8 Experience Ratio Since Inception (Ratio 2) (line 3, Col. B)/(Line 3, Col, a-Line 6)	**0.456**	
9 Life Years Exposed Since Inception If (Line 8<Line 7) AND (Line 9>500), proceed: else stop.	**36.25**	
10 Tolerance Permitted (from credibility table)	**N/A**	
11 Adjustment to incrred 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 - (Line 12/Line7))	**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+	0.00%
5,000-9,999	5.00%
2,500-4,999	7.50%
1,000-2,499	10.00%
500-999	15.00%
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.**

Title **Vice President and Actuary**

Date **5/7/09**

Reporting Form for the Calculation of Benchmark Ratio Since Inception for Individual Policies
FOR CALENDAR YEAR 2008

World Insurance Company
P.O. Box 3160 Omaha, NE 68103-0160

NAIC Group Code 3527 NAIC Company Code 070629

(a) Year	(b) Earned Premium	(c) Factor	(d) (b) x (c)	(e) Cumm Loss Ratio	(f) (d) x (e)	(g) Factor	(h) (b) x (g)	(I) Cumm Loss Ratio	(j) (h) x (I) Ratio	(o) Policy Yr Loss Ratio
1	0	2.700	-	0.442	-	0.000	-	0.000	-	0.400
2	0	4.175	-	0.493	-	0.000	-	0.000	-	0.550
3	0	4.175	-	0.493	-	1.194	-	0.659	-	0.650
4	0	4.175	-	0.493	-	2.245	-	0.669	-	0.670
5	0	4.175	-	0.493	-	3.170	-	0.678	-	0.690
6	0	4.175	-	0.493	-	3.998	-	0.686	-	0.710
7	0	4.175	-	0.493	-	4.754	-	0.695	-	0.730
8	0	4.175	-	0.493	-	5.445	-	0.702	-	0.750
9	0	4.175	-	0.493	-	6.075	-	0.708	-	0.760
10	0	4.175	-	0.493	-	6.650	-	0.713	-	0.760
11	0	4.175	-	0.493	-	7.176	-	0.717	-	0.760
12	0	4.175	-	0.493	-	7.655	-	0.720	-	0.770
13	814	4.175	3,398	0.493	1,675	8.093	6,588	0.723	4,763	0.770
14	1,020	4.175	4,259	0.493	2,099	8.493	8,663	0.725	6,281	0.770
15	786	4.175	3,282	0.493	1,618	8.684	6,826	0.725	4,949	0.770
Total	(k)		10,939	(l)	5,392	(m)	22,077	(n)	15,993	

Benchmark Ratio Since Inception: (l+n)/(k+m): 0.648

Type: Individual
SMSBP: C
Form: A05C
State: AR

MEDICARE SUPPLEMENT REFUND CALCULATION FORM

FOR CALENDAR YEAR 2008

TYPE **Group** SMSBP(w) **P** **Form: 96E**

For the State of **AR**

Company Name **WORLD INSURANCE COMPANY**

NAIC Group Code **3527** NAIC Company Code **070629**

Address **P.O. Box 3160 Omaha, NE 68103-0160**

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)	6,080	1,828
b. Current year's Experience issues(z)	0	0
c. Net (1a-1b)	6,080	1,828
2 Past Years' Experience (All policy Years)	116,090	85,037
3 Total Experience (1c+2)	122,170	86,864
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)	0.738	
8 Experience Ratio Since Inception (Ratio 2) (line 3, Col. B)/(Line 3, Col, a-Line 6)	0.711	
9 Life Years Exposed Since Inception If (Line 8<Line 7) AND (Line 9>500), proceed: else stop.	85.50	
10 Tolerance Permitted (from credibility table)	N/A	
11 Adjustment to incrred 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 - (Line 12/Line7))	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+	0.00%
5,000-9,999	5.00%
2,500-4,999	7.50%
1,000-2,499	10.00%
500-999	15.00%
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.**

Title **Vice President and Actuary**

Date **5/7/09**

Reporting Form for the Calculation of Benchmark Ratio Since Inception for Group Policies
FOR CALENDAR YEAR 2008

World Insurance Company
P.O. Box 3160 Omaha, NE 68103-0160

NAIC Group Code 3527 NAIC Company Code 070629

(a) Year	(b) Earned Premium	(c) Factor	(d) (b) x (c)	(e) Cumm Loss Ratio	(f) (d) x (e)	(g) Factor	(h) (b) x (g)	(I) Cumm Loss Ratio	(j) (h) x (I) Ratio	(o) Policy Yr Loss Ratio
1	0	2.700	-	0.507	-	0.000	-	0.000	-	0.460
2	0	4.175	-	0.567	-	0.000	-	0.000	-	0.630
3	0	4.175	-	0.567	-	1.194	-	0.759	-	0.750
4	0	4.175	-	0.567	-	2.245	-	0.771	-	0.770
5	0	4.175	-	0.567	-	3.170	-	0.782	-	0.800
6	0	4.175	-	0.567	-	3.998	-	0.792	-	0.820
7	0	4.175	-	0.567	-	4.754	-	0.802	-	0.840
8	0	4.175	-	0.567	-	5.445	-	0.811	-	0.870
9	0	4.175	-	0.567	-	6.075	-	0.818	-	0.880
10	0	4.175	-	0.567	-	6.650	-	0.824	-	0.880
11	0	4.175	-	0.567	-	7.176	-	0.828	-	0.880
12	8,209	4.175	34,273	0.567	19,433	7.655	62,840	0.831	52,220	0.880
13	0	4.175	-	0.567	-	8.093	-	0.834	-	0.890
14	0	4.175	-	0.567	-	8.493	-	0.837	-	0.890
15	0	4.175	-	0.567	-	8.684	-	0.838	-	0.890
Total	(k)		34,273	(l)	19,433	(m)	62,840	(n)	52,220	

Benchmark Ratio Since Inception: (l+n)/(k+m): 0.738

Type: Group
SMSBP: P
Form: 96E
State: AR