

SERFF Tracking Number: PHYS-126417422 State: Arkansas
 Filing Company: Physicians Mutual Insurance Company State Tracking Number: 44318
 Company Tracking Number:
 TOI: MS05I Individual Medicare Supplement - Sub-TOI: MS05I.001 Plan A
 Standard Plans
 Product Name: 2010 Mutual Standard Medicare Supplement Rate Filing
 Project Name/Number: /

Filing at a Glance

Company: Physicians Mutual Insurance Company

Product Name: 2010 Mutual Standard Medicare SERFF Tr Num: PHYS-126417422 State: Arkansas

Supplement Rate Filing

TOI: MS05I Individual Medicare Supplement - SERFF Status: Closed-Approved- State Tr Num: 44318

Standard Plans Closed

Sub-TOI: MS05I.001 Plan A

Co Tr Num:

State Status: Approved-Closed

Filing Type: Rate

Reviewer(s): Stephanie Fowler

Author: Richie Hinman

Disposition Date: 01/21/2010

Date Submitted: 12/11/2009

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: Pending

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: 5%

Group Market Type:

Filing Status Changed: 01/21/2010

Explanation for Other Group Market Type:

State Status Changed: 01/21/2010

Deemer Date:

Created By: Richie Hinman

Submitted By: Richie Hinman

Corresponding Filing Tracking Number:

Filing Description:

Annual Filing of Premium Rates and Loss Ratio Projections for Standardized Medicare Supplement Policy Plans A, B, C, F, G and J, and Proposed Rate Increase Filing for Plans A, C, F and G.

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

SERFF Tracking Number: *PHYS-126417422* State: *Arkansas*
 Filing Company: *Physicians Mutual Insurance Company* State Tracking Number: *44318*
 Company Tracking Number:
 TOI: *MS051 Individual Medicare Supplement - Standard Plans* Sub-TOI: *MS051.001 Plan A*
 Product Name: *2010 Mutual Standard Medicare Supplement Rate Filing*
 Project Name/Number: */*

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.

The second section of this filing explains our need for a rate increase. It 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, at fax (402) 633-1096 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

Filing Fees

Fee Required? Yes
 Fee Amount: \$300.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Physicians Mutual Insurance Company	\$300.00	12/11/2009	32727751

SERFF Tracking Number: *PHYS-126417422* State: *Arkansas*
 Filing Company: *Physicians Mutual Insurance Company* State Tracking Number: *44318*
 Company Tracking Number:
 TOI: *MS051 Individual Medicare Supplement - Standard Plans* Sub-TOI: *MS051.001 Plan A*
 Product Name: *2010 Mutual Standard Medicare Supplement Rate Filing*
 Project Name/Number: */*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	01/21/2010	01/21/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Status	Note To Reviewer	Richie Hinman	01/12/2010	01/12/2010
Status	Note To Filer	Stephanie Fowler	01/12/2010	01/12/2010
Status Request	Note To Reviewer	Richie Hinman	01/12/2010	01/12/2010

SERFF Tracking Number: *PHYS-126417422* State: *Arkansas*
Filing Company: *Physicians Mutual Insurance Company* State Tracking Number: *44318*
Company Tracking Number:
TOI: *MS051 Individual Medicare Supplement - Standard Plans* Sub-TOI: *MS051.001 Plan A*
Product Name: *2010 Mutual Standard Medicare Supplement Rate Filing*
Project Name/Number: */*

Disposition

Disposition Date: 01/21/2010

Implementation Date: 04/01/2010

Status: Approved-Closed

Comment: The requested rate increase has 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

Rate data does NOT apply to filing.

SERFF Tracking Number: *PHYS-126417422* State: *Arkansas*
 Filing Company: *Physicians Mutual Insurance Company* State Tracking Number: *44318*
 Company Tracking Number:
 TOI: *MS051 Individual Medicare Supplement - Standard Plans* Sub-TOI: *MS051.001 Plan A*
 Product Name: *2010 Mutual Standard Medicare Supplement Rate Filing*
 Project Name/Number: */*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	No
Rate	Rate Schedules for Standardized Medicare Supplement Plans A, C, F and G	Approved	Yes
Rate	Rate Schedules for Standardized Medicare Supplement Plans B and J	Approved	Yes

SERFF Tracking Number: *PHYS-126417422* State: *Arkansas*
Filing Company: *Physicians Mutual Insurance Company* State Tracking Number: *44318*
Company Tracking Number:
TOI: *MS051 Individual Medicare Supplement - Standard Plans* Sub-TOI: *MS051.001 Plan A*
Product Name: *2010 Mutual Standard Medicare Supplement Rate Filing*
Project Name/Number: */*

Note To Filer

Created By:

Stephanie Fowler on 01/12/2010 03:13 PM

Last Edited By:

Stephanie Fowler

Submitted On:

01/21/2010 11:33 AM

Subject:

Status

Comments:

I anticipate having this file reviewed within the next day or two. I apologize for the delay.

SERFF Tracking Number: PHYS-126417422 State: Arkansas
 Filing Company: Physicians Mutual Insurance Company State Tracking Number: 44318
 Company Tracking Number:
 TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
 Standard Plans
 Product Name: 2010 Mutual Standard Medicare Supplement Rate Filing
 Project Name/Number: /

Note To Reviewer

Created By:

Richie Hinman on 01/12/2010 09:41 AM

Last Edited By:

Stephanie Fowler

Submitted On:

01/21/2010 11:33 AM

Subject:

Status Request

Comments:

Could you please provide the status of this filing? If there is any additional information you need to help expedite approval please let me know.

Thank you,

Richie Hinman

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved 01/21/2010	Rate Schedules for Standardized Medicare Supplement Plans A, C, F and G	P620, P622, P625, P626	Revised	Previous State Filing Number: Percent Rate Change Request: 5.000	AR_2010_Rates_ACFG.pdf
Approved 01/21/2010	Rate Schedules for Standardized Medicare Supplement Plans B and J	P621, P629	Other	Previous State Filing Number:	AR_2010_Rates_BJ.pdf AG_Banded_Areas.pdf DR_Banded_Areas.pdf

SERFF Tracking Number: *PHYS-126417422* State: *Arkansas*
Filing Company: *Physicians Mutual Insurance Company* State Tracking Number: *44318*
Company Tracking Number:
TOI: *MS051 Individual Medicare Supplement - Standard Plans* Sub-TOI: *MS051.001 Plan A*
Product Name: *2010 Mutual Standard Medicare Supplement Rate Filing*
Project Name/Number: */*

Percent Rate Change
Request:

as.pdf
Mutual AREA-
STD-071205.pdf

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P620
AGENCY SALES
PLAN A
ARKANSAS

<u>AGE</u>	<u>2009 MONTHLY BASE PREMIUM</u>
00-99	\$152.92

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 .

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AG-STD-112993

ISSUES PRIOR TO JUNE 1, 1999

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P620A
AGENCY SALES
PLAN A
ARKANSAS

<u>AGE</u>	<u>2009 MONTHLY BASE PREMIUM</u>
00-99	\$157.50

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 .

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AREA-STD-071205

ISSUES FROM JUNE 1, 1999 TO MAY 31, 2000

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P620A
AGENCY SALES
PLAN A
ARKANSAS

<u>AGE</u>	<u>2009 MONTHLY BASE PREMIUM</u>
00-99	\$145.27

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 .

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P620
DIRECT RESPONSE SALES
PLAN A
ARKANSAS

<u>AGE</u>	2009 MONTHLY BASE <u>PREMIUM</u>
00-99	\$151.66

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.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
DR-STD-070193

ISSUES PRIOR TO JUNE 1, 1999

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P620A
DIRECT RESPONSE SALES
PLAN A
ARKANSAS

<u>AGE</u>	<u>2009 MONTHLY BASE PREMIUM</u>
00-99	\$156.21

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.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AREA-STD-071205

ISSUES FROM JUNE 1, 1999 TO MAY 31, 2000

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

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MEDICARE SUPPLEMENT POLICY

FORM P620A
DIRECT RESPONSE SALES
PLAN A
ARKANSAS

<u>AGE</u>	<u>2009 MONTHLY BASE PREMIUM</u>
00-99	\$144.09

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.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P622
AGENCY SALES
PLAN C
ARKANSAS

<u>AGE</u>	<u>2009 MONTHLY BASE PREMIUM</u>
00-99	\$300.36

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 .

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AG-STD-112993

ISSUES PRIOR TO JUNE 1, 1999

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P622A
AGENCY SALES
PLAN C
ARKANSAS

<u>AGE</u>	2009 MONTHLY BASE <u>PREMIUM</u>
00-99	\$309.37

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 .

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AREA-STD-071205

ISSUES FROM JUNE 1, 1999 TO MAY 31, 2000

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P622A
AGENCY SALES
PLAN C
ARKANSAS

<u>AGE</u>	<u>2009 MONTHLY BASE PREMIUM</u>
00-99	\$283.44

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 .

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

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MEDICARE SUPPLEMENT POLICY

FORM P622
DIRECT RESPONSE SALES
PLAN C
ARKANSAS

<u>AGE</u>	<u>2009 MONTHLY BASE PREMIUM</u>
00-99	\$290.71

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.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
DR-STD-070193

ISSUES PRIOR TO JUNE 1, 1999

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P622A
DIRECT RESPONSE SALES
PLAN C
ARKANSAS

<u>AGE</u>	<u>2009 MONTHLY BASE PREMIUM</u>
00-99	\$299.37

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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REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AREA-STD-071205

ISSUES FROM JUNE 1, 1999 TO MAY 31, 2000

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

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MEDICARE SUPPLEMENT POLICY

FORM P622A
DIRECT RESPONSE SALES
PLAN C
ARKANSAS

<u>AGE</u>	2009 MONTHLY BASE <u>PREMIUM</u>
00-99	\$274.32

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.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P625
AGENCY SALES
PLAN F
ARKANSAS

<u>AGE</u>	<u>2009 MONTHLY BASE PREMIUM</u>
00-99	\$266.98

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 .

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AG-STD-112993

ISSUES PRIOR TO JUNE 1, 1999

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P625A
AGENCY SALES
PLAN F
ARKANSAS

<u>AGE</u>	2009 MONTHLY BASE <u>PREMIUM</u>
00-99	\$275.34

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 .

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AREA-STD-071205

ISSUES FROM JUNE 1, 1999 TO MAY 31, 2000

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P625A
AGENCY SALES
PLAN F
ARKANSAS

<u>AGE</u>	<u>2009 MONTHLY BASE PREMIUM</u>
00-99	\$251.54

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 .

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P625
DIRECT RESPONSE SALES
PLAN F
ARKANSAS

<u>AGE</u>	2009 MONTHLY BASE <u>PREMIUM</u>
00-99	\$251.25

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.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
DR-STD-070193

ISSUES PRIOR TO JUNE 1, 1999

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P625A
DIRECT RESPONSE SALES
PLAN F
ARKANSAS

<u>AGE</u>	<u>2009 MONTHLY BASE PREMIUM</u>
00-99	\$260.06

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.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AREA-STD-071205

ISSUES FROM JUNE 1, 1999 TO MAY 31, 2000

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P625A
DIRECT RESPONSE SALES
PLAN F
ARKANSAS

<u>AGE</u>	2009 MONTHLY BASE <u>PREMIUM</u>
00-99	\$237.55

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.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

PHYSICIANS MUTUAL INSURANCE COMPANY

Table of Rates

Medicare Supplement Policy

Plan G

Arkansas

2009

Automatic Bank Withdrawal

Base Premiums

ISSUES ON OR AFTER Apr 1, 2003

Age	Agency Issue Age
65-99	\$193.00

Please refer to
AREA -STD-
071205 for areas
and factors.

To obtain Monthly rates, add \$5 to the above quoted Automatic Bank Withdrawal rates. To obtain Quarterly, Semi-Annual, and Annual rates, multiply the above quoted Automatic Bank Withdrawal by 3, 6 and 12 respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P620
AGENCY SALES
PLAN A
ARKANSAS

<u>AGE</u>	2010 ISSUE AGE MONTHLY <u>BASE PREMIUM</u>
00-99	\$160.57

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 .

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AG-STD-112993

ISSUES PRIOR TO JUNE 1, 1999

P620-AG-AR-121109

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P620A
AGENCY SALES
PLAN A
ARKANSAS

<u>AGE</u>	<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$165.38

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

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AREA-STD-071205

ISSUES FROM JUNE 1, 1999 TO MAY 31, 2000

P620A-AG-AR-121109

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P620A
AGENCY SALES
PLAN A
ARKANSAS

<u>AGE</u>	2010 ISSUE AGE MONTHLY <u>BASE PREMIUM</u>
00-99	\$152.53

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

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

P620A-AG-AX-121109

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P620
DIRECT RESPONSE SALES
PLAN A
ARKANSAS

<u>AGE</u>	<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$159.24

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.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
DR-STD-070193

ISSUES PRIOR TO JUNE 1, 1999

P620-DR-AR-121109

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P620A
DIRECT RESPONSE SALES
PLAN A
ARKANSAS

<u>AGE</u>	<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$164.02

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.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AREA-STD-071205

ISSUES FROM JUNE 1, 1999 TO MAY 31, 2000

P620A-DR-AR-121109

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

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MEDICARE SUPPLEMENT POLICY

FORM P620A
DIRECT RESPONSE SALES
PLAN A
ARKANSAS

<u>AGE</u>	<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$151.29

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

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

P620A-DR-AX-121109

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P622
AGENCY SALES
PLAN C
ARKANSAS

<u>AGE</u>	2010 ISSUE AGE MONTHLY <u>BASE PREMIUM</u>
00-99	\$315.38

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

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AG-STD-112993

ISSUES PRIOR TO JUNE 1, 1999

P622-AG-AR-121109

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P622A
AGENCY SALES
PLAN C
ARKANSAS

<u>AGE</u>	<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$324.84

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

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AREA-STD-071205

ISSUES FROM JUNE 1, 1999 TO MAY 31, 2000

P622A-AG-AR-121109

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P622A
AGENCY SALES
PLAN C
ARKANSAS

<u>AGE</u>	<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$297.61

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 .

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

P622A-AG-AX-121109

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

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MEDICARE SUPPLEMENT POLICY

FORM P622
DIRECT RESPONSE SALES
PLAN C
ARKANSAS

<u>AGE</u>	<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$305.25

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.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
DR-STD-070193

ISSUES PRIOR TO JUNE 1, 1999

P622-DR-AR-121109

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P622A
DIRECT RESPONSE SALES
PLAN C
ARKANSAS

<u>AGE</u>	<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$314.34

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.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AREA-STD-071205

ISSUES FROM JUNE 1, 1999 TO MAY 31, 2000

P622A-DR-AR-121109

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P622A
DIRECT RESPONSE SALES
PLAN C
ARKANSAS

<u>AGE</u>	<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$288.04

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

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

P622A-DR-AX-121109

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P625
AGENCY SALES
PLAN F
ARKANSAS

<u>AGE</u>	<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$280.33

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 .

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AG-STD-112993

ISSUES PRIOR TO JUNE 1, 1999

P625-AG-AR-121109

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P625A
AGENCY SALES
PLAN F
ARKANSAS

<u>AGE</u>	<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$289.11

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 .

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AREA-STD-071205

ISSUES FROM JUNE 1, 1999 TO MAY 31, 2000

P625A-AG-AR-121109

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P625A
AGENCY SALES
PLAN F
ARKANSAS

<u>AGE</u>	2010 ISSUE AGE MONTHLY <u>BASE PREMIUM</u>
00-99	\$264.12

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

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

P625A-AG-AX-121109

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

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MEDICARE SUPPLEMENT POLICY

FORM P625
DIRECT RESPONSE SALES
PLAN F
ARKANSAS

<u>AGE</u>	<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$263.81

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.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
DR-STD-070193

ISSUES PRIOR TO JUNE 1, 1999

P625-DR-AR-121109

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P625A
DIRECT RESPONSE SALES
PLAN F
ARKANSAS

<u>AGE</u>	<u>2010 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$273.06

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.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AREA-STD-071205

ISSUES FROM JUNE 1, 1999 TO MAY 31, 2000

P625A-DR-AR-121109

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P625A
DIRECT RESPONSE SALES
PLAN F
ARKANSAS

<u>AGE</u>	2010 ISSUE AGE MONTHLY <u>BASE PREMIUM</u>
00-99	\$249.43

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

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

P625A-DR-AX-121109

PHYSICIANS MUTUAL INSURANCE COMPANY
Table of Rates
Medicare Supplement Policy

Plan G
Arkansas
2010

Automatic Bank Withdrawal
Base Premiums

ISSUES ON OR AFTER Apr 1, 2003

Age	Agency Issue Age
65-99	\$202.65

Please refer to
AREA -STD-
071205 for areas
and factors.

To obtain Monthly rates, add \$5 to the above quoted Automatic Bank Withdrawal rates. To obtain Quarterly, Semi-Annual, and Annual rates, multiply the above quoted Automatic Bank Withdrawal by 3, 6 and 12 respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P621A
AGENCY SALES
PLAN B
ARKANSAS

<u>AGE</u>	<u>2009 MONTHLY BASE PREMIUM</u>
00-99	\$204.90

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 .

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AREA-STD-071205

ISSUES FROM JUNE 1, 1999 TO MAY 31, 2000

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P621A
AGENCY SALES
PLAN B
ARKANSAS

<u>AGE</u>	<u>2009 MONTHLY BASE PREMIUM</u>
00-99	\$187.61

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 .

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P621
DIRECT RESPONSE SALES
PLAN B
ARKANSAS

<u>AGE</u>	2009 MONTHLY BASE <u>PREMIUM</u>
00-99	\$214.91

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.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
DR-STD-070193

ISSUES PRIOR TO JUNE 1, 1999

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P621A
DIRECT RESPONSE SALES
PLAN B
ARKANSAS

<u>AGE</u>	<u>2009 MONTHLY BASE PREMIUM</u>
00-99	\$221.31

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.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AREA-STD-071205

ISSUES FROM JUNE 1, 1999 TO MAY 31, 2000

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

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MEDICARE SUPPLEMENT POLICY

FORM P621A
DIRECT RESPONSE SALES
PLAN B
ARKANSAS

<u>AGE</u>	<u>2009 MONTHLY BASE PREMIUM</u>
00-99	\$202.61

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.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

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MEDICARE SUPPLEMENT POLICY

FORM P629
AGENCY SALES
PLAN J
ARKANSAS

<u>AGE</u>	2009 MONTHLY BASE <u>PREMIUM</u>
00-99	\$795.77

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 .

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:
AG-STD-112993

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

MEDICARE SUPPLEMENT AREA RATING ZIP CODES

Agent-Sold Business

Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
044-059	030-043	029	010-016	017-019	020-022	100-102	330-333
290-293	120-121	061-067	023-028	070-073	103-104	190-191	900-918
295-299	123-124	122	060	080-081	111-114	334	926-928
353-354	128-145	146	068-069	106-108	116	349	
362-364	147-149	153-175	074-079	110	200-205	482	
367-369	176	177-179	082-099	115	322	485	
386-394	224-229	182-183	105	117-119	335-336	941	
396-399	238-289	188	109	150-152	339		
406-422	294	195-197	125-127	186-187	347-348		
425-429	304-307	199	180-181	189	920-925		
504-505	312	230-237	184-185	192-194	930-931		
507-509	315-319	300-303	198	222-223	933		
511-519	356-361	308-311	206-221	320-321	940		
521-534	365-366	313-314	325-326	327-329	942-946		
539-549	373-385	323-324	338	337			
555-579	400-405	350-352	480-481	340-346			
682-699	423-424	355	484	602-603			
732-739	433-441	370-372	486	606			
742-749	444-445	395	600-601	890			
	447-449	430-432	604-605	894-895			
	454-461	442-443	700-701	934			
	465-479	446	704	947-951			
	493-495	450-453	707-708				
	500-503	462-464	850-853				
	506	483	891-893				
	510	487-492	896-899				
	520	496-499	919				
	535-538	550-554	929				
	580-589	590-591	932				
	592-593	594	935-939				
	595-599	609-619	952-966				
	607-608	625-626	995-999				
	620-624	630-631					
	627-629	633					
	632	640-641					
	634-639	729					
	642-679	750-799					
	680-681	846					
	702, 703	854-869					
	705-706	875					
	709-728	974					
	730-731	980-994					
	740-741						
	800-845						
	847-849						
	870-874						
	876-889						
	967-973						
	975-979						

Area Factors

Plan	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
A	0.95	1.00	1.10	1.19	1.29	1.38	1.53	1.72
B	0.98	1.00	1.04	1.09	1.13	1.17	1.24	1.33
C	0.98	1.00	1.04	1.09	1.13	1.17	1.24	1.33
E	0.98	1.00	1.04	1.09	1.13	1.17	1.24	1.33
F	0.97	1.00	1.06	1.12	1.18	1.24	1.33	1.46
J	0.98	1.00	1.04	1.09	1.13	1.17	1.24	1.33

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

MEDICARE SUPPLEMENT POLICY

AREA RATING STATES

Direct Response Business

Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
VT	UT	VA	AZ	NV	DC
SD	NM	WA	LA	NJ	CA
SC	AR	TX	PA	MD	
WI	AL	KS	NY	MA	
NE	WV	MI	AK	FL	
MS	TN	IL			
ME	OK	CT			
KY	IN	DE			
IA	OH	RI			
WY	MT				
OR	MO				
NH	GA				
ND	CO				
NC					
ID					
MN					
HI					

Plan	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
A	0.95	1.01	1.07	1.15	1.24	1.38
B	0.97	1.01	1.04	1.10	1.15	1.24
C	0.98	1.00	1.03	1.07	1.11	1.17
E	0.98	1.00	1.03	1.07	1.11	1.17
F	0.97	1.01	1.04	1.10	1.15	1.24

DR-STD-070193

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

**MEDICARE SUPPLEMENT
AREA RATING ZIP CODES**

Agent and Direct Response Solicited Business

Area 1 0.83	Area 2 0.88	Area 3 0.95	Area 4 1.00	Area 5 1.08	Area 6 1.17	Area 7 1.26	Area 8 1.40	Area 9 1.60	Area 10 2.00
397	226, 228-229	030-038, 169	155, 163-167	158	150	151-152	190	191	330-334
504	239-241, 243-245	172-177, 188	170-171, 178-179	160-162	153-154	189	322	349	341
535****	290-291, 293	254, 257	196, 199	168	156-157	193-194	328-329	480-483	
538, 539*****	296-298, 386-388	261-268, 270-289	201	182-187	159	320	337	900	
544*****	390-393, 396	292, 294-295	224-225, 227	195	180-181	327	339	902-908	
546	403-404, 421	299, 376-383	230-236, 238	197-198	220-223	335-336	346	910-916	
549****	425, 465-468	385, 389, 394	242, 249-253	237	246-248	338	484-485	918	
550, 552-553, 559	473-475, 499-502	405-406, 410-411	255-256, 260	301-302	258-259	342	917	926-928	
555-567	505, 508-514	413-414, 422-424	304-310, 317-319	312-316	300	347			
683-684	516, 520-527	426, 437-438	354-374, 384, 398	323	303	700-701			
686	530, 535, 537	446, 449	400-402, 407-409	350-351	311	704			
688-693	539-545, 547-549	456-458, 469-472	412, 415-418	395	321	770-773			
843***, 844***	570-577	476-479, 494-495	420, 427	434	324-326	775			
	580-588, 590-599	498, 503	430-433, 434**, 435	436	344	891			
	611, 613, 634	506-507, 515, 528	439-442, 447-448	443-445	352-353, 399	919-921			
	636-639, 646	610, 611*, 612, 614, 61	451, 453-455	450	436**, 441**, 486-487	925			
	648, 654-658	617*, 618-619, 623-630	460-464, 490-491	452	641	930			
	685, 687, 748	633-635	493, 496-497, 551	488-489	661-662	933			
	765-767, 798	644-645, 650-653	554, 609*, 615-617	492	703	935			
	840-841, 843-844	664-671, 673-679	631, 640, 647	531-534	750-753	948			
	846-847, 873-874	712-713, 716-718	672, 680-681	600-609	757				
	877-880, 883-884	723-729, 734-736	705-706, 719-721	620	774				
	970-971, 973-979	738-741, 743-747	730-731, 737	622	776-777				
	995-999	749, 759	755-756, 758	660	794				
		763-764, 768-769	762, 778-783	707-708	850				
		788, 790	785, 789	710-711	857				
		792, 795-797	791, 793	714	890				
		799-801	863, 871	722	895				
		803-816	894, 897	754	922-924				
		820-831	937, 939	760-761	945-947				
		845, 846***, 847***	955, 960	784	954				
		859, 865, 870	967-968, 980-981	786-787					
		875, 881-882	983-985, 992	800					
		893, 898		802					
		972, 982		852-853					
		986, 988-991		855-856					
		993-994		860					
				864					
				931-932					
				934					
				936					
				940-941					
				943-944					
				949-953					
				956-959					
				961					

**AREA RATING ZIP CODES
ISSUES AFTER APRIL 1, 2002**

LOUISIANA ONLY

Area 1 0.83	Area 2 0.88	Area 3 0.95	Area 4 1.00	Area 5 1.08	Area 6 1.17	Area 7 1.26	Area 8 1.40	Area 9 1.60	Area 10 2.00
		712xx	705xx	707xx	703xx	700xx	70001-70006		
		713xx	706xx	708xx	70030	70037	70009-70011		
			710xx	711xx	70043-70044	70040-70042	70032-70033		
				714xx	70047	70046	70055-70060		
				70401	70049-70050	70053-70054	70112-70113		
				70403-70404	70062-70065	70056	70115-70119		
				70421-70422	70067-70070	70058-70059	70121-70128		
				70433-70436	70078-70080	70072-70073	70130		
				70437, 70442	70086-70087	70075	70139-70141		
				70443, 70444	70090, 70094	70082-70083	70145-70146		
				70447-70448	70096	70085	70148-70154		
				70451, 70454		70092	70156-70167		
				70455, 70456		701xx	70170, 70172		
				70457, 70462		70114, 70129	70175-70179		
				70465, 70466		70131	70181-70187		
				70470-70471		70142-70143	70190, 70195		
						70174, 70189	70458-70459		
						704xx			
						70420, 70427			
						70429, 70431			
						70438			
						70450, 70452			
						70460-70461			
						70463-70464			
						70469			

Please note: xx after the three digit zip code includes all zip codes not listed above.

- *Issues on or after September 1, 2002 for certain Illinois zip codes only.
- **Issues on or after April 1, 2003 for certain Ohio zip codes only.
- ***Issues on or after April 1, 2003 for certain Utah zip codes only.
- ****Issues on or after April 1, 2000 for certain Wisconsin zip codes only.