

SERFF Tracking Number: MUTA-127173337 State: Arkansas
Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 48809
Company Tracking Number: REFUND CREDIT
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: 2011 MOO Medicare Supplement
Project Name/Number: Refund Credit Reporting/2011 MOO

Filing at a Glance

Company: Mutual of Omaha Insurance Company

Product Name: 2011 MOO Medicare Supplement SERFF Tr Num: MUTA-127173337 State: Arkansas

TOI: MS06 Medicare Supplement - Other SERFF Status: Closed-Accepted State Tr Num: 48809
For Informational Purposes

Sub-TOI: MS06.000 Medicare Supplement - Other Co Tr Num: REFUND CREDIT State Status: Filed-Closed
Other

Filing Type: Rate

Reviewer(s): Stephanie Fowler
Disposition Date: 05/27/2011
Authors: Lori Cwach, Mary Miller, Greg Schmidt
Date Submitted: 05/18/2011 Disposition Status: Accepted For Informational Purposes

Implementation Date Requested: On Approval
State Filing Description:

Implementation Date:

General Information

Project Name: Refund Credit Reporting
Project Number: 2011 MOO
Requested Filing Mode: Informational
Explanation for Combination/Other:
Submission Type: New Submission
Filing Status Changed: 05/27/2011
State Status Changed: 05/27/2011
Created By: Lori Cwach
Corresponding Filing Tracking Number:
Filing Description:

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type:
Overall Rate Impact:

Deemer Date:
Submitted By: Greg Schmidt

2011 MEDICARE SUPPLEMENT REFUND CREDIT REPORTING

Company and Contact

Filing Contact Information

Lori Cwach, Lead Actuarial Analyst
Rerating Department

Lori.Cwach@mutualofomaha.com
402-351-4249 [Phone]

SERFF Tracking Number: MUTA-127173337 State: Arkansas
 Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 48809
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 TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
 Product Name: 2011 MOO Medicare Supplement
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Mutual of Omaha
 Mutual of Omaha Plaza
 Omaha, NE 68175

Filing Company Information

Mutual of Omaha Insurance Company	CoCode: 71412	State of Domicile: Nebraska
Mutual of Omaha Plaza	Group Code: 261	Company Type: Health Insurance
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-2304 ext. [Phone]	FEIN Number: 47-0246511	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Mutual of Omaha Insurance Company	\$0.00	05/18/2011	

SERFF Tracking Number: MUTA-127173337 State: Arkansas
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Product Name: 2011 MOO Medicare Supplement
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	05/27/2011	05/27/2011

SERFF Tracking Number: MUTA-127173337
 Filing Company: Mutual of Omaha Insurance Company
 Company Tracking Number: REFUND CREDIT
 TOI: MS06 Medicare Supplement - Other
 Product Name: 2011 MOO Medicare Supplement
 Project Name/Number: Refund Credit Reporting/2011 MOO

State: Arkansas
 State Tracking Number: 48809
 Sub-TOI: MS06.000 Medicare Supplement - Other

Disposition

Disposition Date: 05/27/2011

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

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):
Mutual of Omaha Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: MUTA-127173337 *State:* Arkansas
Filing Company: Mutual of Omaha Insurance Company *State Tracking Number:* 48809
Company Tracking Number: REFUND CREDIT
TOI: MS06 Medicare Supplement - Other *Sub-TOI:* MS06.000 Medicare Supplement - Other
Product Name: 2011 MOO Medicare Supplement
Project Name/Number: Refund Credit Reporting/2011 MOO

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification		No
Supporting Document	REFUND / CREDIT REPORTS	Accepted for Informational Purposes	No

SERFF Tracking Number: MUTA-127173337
 Filing Company: Mutual of Omaha Insurance Company
 Company Tracking Number: REFUND CREDIT
 TOI: MS06 Medicare Supplement - Other
 Product Name: 2011 MOO Medicare Supplement
 Project Name/Number: Refund Credit Reporting/2011 MOO

State: Arkansas
 State Tracking Number: 48809
 Sub-TOI: MS06.000 Medicare Supplement - Other

Rate Information

Rate data applies to filing.

Filing Method: SERFF
 Rate Change Type: Neutral
 Overall Percentage of Last Rate Revision: 0.000%
 Effective Date of Last Rate Revision:
 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):
Mutual of Omaha Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: MUTA-127173337
Filing Company: Mutual of Omaha Insurance Company
Company Tracking Number: REFUND CREDIT
TOI: MS06 Medicare Supplement - Other
Product Name: 2011 MOO Medicare Supplement
Project Name/Number: Refund Credit Reporting/2011 MOO

State: Arkansas
State Tracking Number: 48809
Sub-TOI: MS06.000 Medicare Supplement - Other

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification Bypass Reason: N/A Comments:		
Satisfied - Item: REFUND / CREDIT REPORTS Comments: Attachments: MOO CERTIFICATION.pdf AR BENCHMARK.pdf AR REFUND.pdf	Accepted for Informational Purposes	05/27/2011

**MUTUAL OF OMAHA INSURANCE COMPANY
MEDICARE SUPPLEMENT REFUND CREDIT REPORTING
FOR CALENDAR YEAR 2010**

CERTIFICATION

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

A handwritten signature in black ink that reads "Mary Miller". The signature is written in a cursive style with a large initial 'M'.

Mary Miller
Manager, Business Systems

March 4, 2011

**MEDICARE SUPPLEMENT REPORTING/REFUND SYSTEM
REPORTING FOR FOR THE CALCULATION OF BENCHMARK RATIO SINCE INCEPTION
FOR CALENDAR YEAR 2010**

**FOR THE STATE OF: ARKANSAS
TYPE: INDIVIDUAL BUSINESS**

SMSPB: PLAN A

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY

NAIC GROUP CODE: 261

NAIC COMPANY CODE: 71412

ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

PERSON COMPLETING THIS EXHIBIT: MARY MILLER

TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
YEAR	EARNED PREMIUM	FACTOR	(b) x (c)	CUMULATIVE LOSS RATIO	(d) x (e)	FACTOR	(b) x (g)	CUMULATIVE LOSS RATIO	(h) x (i)	POLICY YEAR LOSS RATIO
2009	0	0.00000	0	0.44200	0	0.00000	0	0.00000	0	0.40000
2008	0	4.17500	0	0.49300	0	0.00000	0	0.00000	0	0.55000
2007	0	4.17500	0	0.49300	0	1.19400	0	0.65900	0	0.65000
2006	0	4.17500	0	0.49300	0	2.24500	0	0.66900	0	0.67000
2005	1,342	4.17500	5,603	0.49300	2,762	3.17000	4,254	0.67800	2,884	0.69000
2004	0	4.17500	0	0.49300	0	3.99800	0	0.68600	0	0.71000
2003	0	4.17500	0	0.49300	0	4.75400	0	0.69500	0	0.73000
2002	613	4.17500	2,559	0.49300	1,262	5.44500	3,338	0.70200	2,343	0.75000
2001	2,081	4.17500	8,688	0.49300	4,283	6.07500	12,642	0.70800	8,951	0.76000
2000	3,235	4.17500	13,506	0.49300	6,658	6.65000	21,513	0.71300	15,339	0.76000
1999	3,656	4.17500	15,264	0.49300	7,525	7.17600	26,235	0.71700	18,810	0.76000
1998	1,265	4.17500	5,281	0.49300	2,604	7.65500	9,684	0.72000	6,972	0.77000
1997	302	4.17500	1,261	0.49300	622	8.09300	2,444	0.72300	1,767	0.77000
1996	734	4.17500	3,064	0.49300	1,511	8.49300	6,234	0.72500	4,520	0.77000
PRIOR	2,633	4.17500	10,993	0.49300	5,420	8.68400	22,865	0.72500	16,577	0.77000
TOTAL:			66,219		32,647		109,209		78,163	

BENCHMARK RATIO SINCE INCEPTION: 0.6317

**MEDICARE SUPPLEMENT REPORTING/REFUND SYSTEM
REPORTING FOR FOR THE CALCULATION OF BENCHMARK RATIO SINCE INCEPTION
FOR CALENDAR YEAR 2010**

**FOR THE STATE OF: ARKANSAS
TYPE: INDIVIDUAL BUSINESS**

SMSPB: PLAN C

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY

NAIC GROUP CODE: 261

NAIC COMPANY CODE: 71412

ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

PERSON COMPLETING THIS EXHIBIT: MARY MILLER

TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
YEAR	EARNED PREMIUM	FACTOR	(b) x (c)	CUMULATIVE LOSS RATIO	(d) x (e)	FACTOR	(b) x (g)	CUMULATIVE LOSS RATIO	(h) x (i)	POLICY YEAR LOSS RATIO
2009	0	0.00000	0	0.44200	0	0.00000	0	0.00000	0	0.40000
2008	0	4.17500	0	0.49300	0	0.00000	0	0.00000	0	0.55000
2007	0	4.17500	0	0.49300	0	1.19400	0	0.65900	0	0.65000
2006	0	4.17500	0	0.49300	0	2.24500	0	0.66900	0	0.67000
2005	0	4.17500	0	0.49300	0	3.17000	0	0.67800	0	0.69000
2004	5,924	4.17500	24,733	0.49300	12,193	3.99800	23,684	0.68600	16,247	0.71000
2003	8,490	4.17500	35,446	0.49300	17,475	4.75400	40,361	0.69500	28,051	0.73000
2002	2,988	4.17500	12,475	0.49300	6,150	5.44500	16,270	0.70200	11,422	0.75000
2001	8,587	4.17500	35,851	0.49300	17,675	6.07500	52,166	0.70800	36,934	0.76000
2000	36,240	4.17500	151,302	0.49300	74,592	6.65000	240,996	0.71300	171,830	0.76000
1999	11,194	4.17500	46,735	0.49300	23,040	7.17600	80,328	0.71700	57,595	0.76000
1998	7,212	4.17500	30,110	0.49300	14,844	7.65500	55,208	0.72000	39,750	0.77000
1997	6,065	4.17500	25,321	0.49300	12,483	8.09300	49,084	0.72300	35,488	0.77000
1996	17,469	4.17500	72,933	0.49300	35,956	8.49300	148,364	0.72500	107,564	0.77000
PRIOR	27,873	4.17500	116,370	0.49300	57,370	8.68400	242,049	0.72500	175,486	0.77000
TOTAL:			551,276		271,778		948,510		680,367	

BENCHMARK RATIO SINCE INCEPTION: 0.6349

**MEDICARE SUPPLEMENT REPORTING/REFUND SYSTEM
REPORTING FOR FOR THE CALCULATION OF BENCHMARK RATIO SINCE INCEPTION
FOR CALENDAR YEAR 2010**

**FOR THE STATE OF: ARKANSAS
TYPE: INDIVIDUAL BUSINESS**

SMSPB: PLAN D

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY

NAIC GROUP CODE: 261

NAIC COMPANY CODE: 71412

ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

PERSON COMPLETING THIS EXHIBIT: MARY MILLER

TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
YEAR	EARNED PREMIUM	FACTOR	(b) x (c)	CUMULATIVE LOSS RATIO	(d) x (e)	FACTOR	(b) x (g)	CUMULATIVE LOSS RATIO	(h) x (i)	POLICY YEAR LOSS RATIO
2009	0	0.00000	0	0.44200	0	0.00000	0	0.00000	0	0.40000
2008	0	4.17500	0	0.49300	0	0.00000	0	0.00000	0	0.55000
2007	0	4.17500	0	0.49300	0	1.19400	0	0.65900	0	0.65000
2006	0	4.17500	0	0.49300	0	2.24500	0	0.66900	0	0.67000
2005	8,837	4.17500	36,894	0.49300	18,189	3.17000	28,013	0.67800	18,993	0.69000
2004	18,869	4.17500	78,778	0.49300	38,838	3.99800	75,438	0.68600	51,750	0.71000
2003	150,420	4.17500	628,004	0.49300	309,606	4.75400	715,097	0.69500	496,992	0.73000
2002	93,528	4.17500	390,479	0.49300	192,506	5.44500	509,260	0.70200	357,501	0.75000
2001	123,082	4.17500	513,867	0.49300	253,336	6.07500	747,723	0.70800	529,388	0.76000
2000	64,614	4.17500	269,763	0.49300	132,993	6.65000	429,683	0.71300	306,364	0.76000
1999	53,567	4.17500	223,642	0.49300	110,256	7.17600	384,397	0.71700	275,613	0.76000
1998	5,060	4.17500	21,126	0.49300	10,415	7.65500	38,734	0.72000	27,888	0.77000
1997	0	4.17500	0	0.49300	0	8.09300	0	0.72300	0	0.77000
1996	0	4.17500	0	0.49300	0	8.49300	0	0.72500	0	0.77000
PRIOR	0	4.17500	0	0.49300	0	8.68400	0	0.72500	0	0.77000
TOTAL:			2,162,553		1,066,139		2,928,345		2,064,489	

BENCHMARK RATIO SINCE INCEPTION: 0.6149

**MEDICARE SUPPLEMENT REPORTING/REFUND SYSTEM
REPORTING FOR FOR THE CALCULATION OF BENCHMARK RATIO SINCE INCEPTION
FOR CALENDAR YEAR 2010**

**FOR THE STATE OF: ARKANSAS
TYPE: INDIVIDUAL BUSINESS**

SMSPB: PLAN F

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY

NAIC GROUP CODE: 261

NAIC COMPANY CODE: 71412

ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

PERSON COMPLETING THIS EXHIBIT: MARY MILLER

TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
YEAR	EARNED PREMIUM	FACTOR	(b) x (c)	CUMULATIVE LOSS RATIO	(d) x (e)	FACTOR	(b) x (g)	CUMULATIVE LOSS RATIO	(h) x (i)	POLICY YEAR LOSS RATIO
2009	0	0.00000	0	0.44200	0	0.00000	0	0.00000	0	0.40000
2008	0	4.17500	0	0.49300	0	0.00000	0	0.00000	0	0.55000
2007	0	4.17500	0	0.49300	0	1.19400	0	0.65900	0	0.65000
2006	26,906	4.17500	112,333	0.49300	55,380	2.24500	60,404	0.66900	40,410	0.67000
2005	201,858	4.17500	842,757	0.49300	415,479	3.17000	639,890	0.67800	433,845	0.69000
2004	491,205	4.17500	2,050,781	0.49300	1,011,035	3.99800	1,963,838	0.68600	1,347,193	0.71000
2003	701,556	4.17500	2,928,996	0.49300	1,443,995	4.75400	3,335,197	0.69500	2,317,962	0.73000
2002	3,338,469	4.17500	13,938,108	0.49300	6,871,487	5.44500	18,177,964	0.70200	12,760,931	0.75000
2001	2,536,164	4.17500	10,588,485	0.49300	5,220,123	6.07500	15,407,196	0.70800	10,908,295	0.76000
2000	1,236,464	4.17500	5,162,237	0.49300	2,544,983	6.65000	8,222,486	0.71300	5,862,633	0.76000
1999	259,892	4.17500	1,085,049	0.49300	534,929	7.17600	1,864,985	0.71700	1,337,194	0.76000
1998	35,508	4.17500	148,246	0.49300	73,085	7.65500	271,814	0.72000	195,706	0.77000
1997	5,398	4.17500	22,537	0.49300	11,111	8.09300	43,686	0.72300	31,585	0.77000
1996	63,647	4.17500	265,726	0.49300	131,003	8.49300	540,554	0.72500	391,902	0.77000
PRIOR	13,281	4.17500	55,448	0.49300	27,336	8.68400	115,332	0.72500	83,616	0.77000
TOTAL:			37,200,703		18,339,946		50,643,346		35,711,272	

BENCHMARK RATIO SINCE INCEPTION: 0.6153

**MEDICARE SUPPLEMENT REPORTING/REFUND SYSTEM
REPORTING FOR FOR THE CALCULATION OF BENCHMARK RATIO SINCE INCEPTION
FOR CALENDAR YEAR 2010**

**FOR THE STATE OF: ARKANSAS
TYPE: INDIVIDUAL BUSINESS**

SMSPB: PLAN G

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY

NAIC GROUP CODE: 261

NAIC COMPANY CODE: 71412

ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

PERSON COMPLETING THIS EXHIBIT: MARY MILLER

TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
YEAR	EARNED PREMIUM	FACTOR	(b) x (c)	CUMULATIVE LOSS RATIO	(d) x (e)	FACTOR	(b) x (g)	CUMULATIVE LOSS RATIO	(h) x (i)	POLICY YEAR LOSS RATIO
2009	0	0.00000	0	0.44200	0	0.00000	0	0.00000	0	0.40000
2008	0	4.17500	0	0.49300	0	0.00000	0	0.00000	0	0.55000
2007	0	4.17500	0	0.49300	0	1.19400	0	0.65900	0	0.65000
2006	90,693	4.17500	378,643	0.49300	186,671	2.24500	203,606	0.66900	136,212	0.67000
2005	388,103	4.17500	1,620,330	0.49300	798,823	3.17000	1,230,287	0.67800	834,135	0.69000
2004	797,123	4.17500	3,327,989	0.49300	1,640,699	3.99800	3,186,898	0.68600	2,186,212	0.71000
2003	197	4.17500	822	0.49300	405	4.75400	937	0.69500	651	0.73000
2002	0	4.17500	0	0.49300	0	5.44500	0	0.70200	0	0.75000
2001	0	4.17500	0	0.49300	0	6.07500	0	0.70800	0	0.76000
2000	0	4.17500	0	0.49300	0	6.65000	0	0.71300	0	0.76000
1999	0	4.17500	0	0.49300	0	7.17600	0	0.71700	0	0.76000
1998	0	4.17500	0	0.49300	0	7.65500	0	0.72000	0	0.77000
1997	0	4.17500	0	0.49300	0	8.09300	0	0.72300	0	0.77000
1996	0	4.17500	0	0.49300	0	8.49300	0	0.72500	0	0.77000
PRIOR	0	4.17500	0	0.49300	0	8.68400	0	0.72500	0	0.77000
TOTAL:			5,327,784		2,626,598		4,621,728		3,157,210	

BENCHMARK RATIO SINCE INCEPTION: 0.5813

**MEDICARE SUPPLEMENT REPORTING/REFUND SYSTEM
REPORTING FOR FOR THE CALCULATION OF BENCHMARK RATIO SINCE INCEPTION
FOR CALENDAR YEAR 2010**

**FOR THE STATE OF: ARKANSAS
TYPE: INDIVIDUAL BUSINESS**

SMSPB: PLAN I

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY

NAIC GROUP CODE: 261

NAIC COMPANY CODE: 71412

ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

PERSON COMPLETING THIS EXHIBIT: MARY MILLER

TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
YEAR	EARNED PREMIUM	FACTOR	(b) x (c)	CUMULATIVE LOSS RATIO	(d) x (e)	FACTOR	(b) x (g)	CUMULATIVE LOSS RATIO	(h) x (i)	POLICY YEAR LOSS RATIO
2009	0	0.00000	0	0.44200	0	0.00000	0	0.00000	0	0.40000
2008	0	4.17500	0	0.49300	0	0.00000	0	0.00000	0	0.55000
2007	0	4.17500	0	0.49300	0	1.19400	0	0.65900	0	0.65000
2006	0	4.17500	0	0.49300	0	2.24500	0	0.66900	0	0.67000
2005	0	4.17500	0	0.49300	0	3.17000	0	0.67800	0	0.69000
2004	0	4.17500	0	0.49300	0	3.99800	0	0.68600	0	0.71000
2003	0	4.17500	0	0.49300	0	4.75400	0	0.69500	0	0.73000
2002	0	4.17500	0	0.49300	0	5.44500	0	0.70200	0	0.75000
2001	0	4.17500	0	0.49300	0	6.07500	0	0.70800	0	0.76000
2000	0	4.17500	0	0.49300	0	6.65000	0	0.71300	0	0.76000
1999	0	4.17500	0	0.49300	0	7.17600	0	0.71700	0	0.76000
1998	0	4.17500	0	0.49300	0	7.65500	0	0.72000	0	0.77000
1997	0	4.17500	0	0.49300	0	8.09300	0	0.72300	0	0.77000
1996	1,836	4.17500	7,665	0.49300	3,779	8.49300	15,593	0.72500	11,305	0.77000
PRIOR	5,814	4.17500	24,273	0.49300	11,967	8.68400	50,489	0.72500	36,605	0.77000
TOTAL:			31,938		15,746		66,082		47,910	

BENCHMARK RATIO SINCE INCEPTION: 0.6494

**MEDICARE SUPPLEMENT REPORTING/REFUND SYSTEM
REPORTING FOR FOR THE CALCULATION OF BENCHMARK RATIO SINCE INCEPTION
FOR CALENDAR YEAR 2010**

**FOR THE STATE OF: ARKANSAS
TYPE: INDIVIDUAL BUSINESS**

SMSPB: PLAN PRE-OBRA

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY

NAIC GROUP CODE: 261

NAIC COMPANY CODE: 71412

ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

PERSON COMPLETING THIS EXHIBIT: MARY MILLER

TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
YEAR	EARNED PREMIUM	FACTOR	(b) x (c)	CUMULATIVE LOSS RATIO	(d) x (e)	FACTOR	(b) x (g)	CUMULATIVE LOSS RATIO	(h) x (i)	POLICY YEAR LOSS RATIO
2009	0	0.00000	0	0.44200	0	0.00000	0	0.00000	0	0.40000
2008	0	4.17500	0	0.49300	0	0.00000	0	0.00000	0	0.55000
2007	0	4.17500	0	0.49300	0	1.19400	0	0.65900	0	0.65000
2006	0	4.17500	0	0.49300	0	2.24500	0	0.66900	0	0.67000
2005	0	4.17500	0	0.49300	0	3.17000	0	0.67800	0	0.69000
2004	0	4.17500	0	0.49300	0	3.99800	0	0.68600	0	0.71000
2003	0	4.17500	0	0.49300	0	4.75400	0	0.69500	0	0.73000
2002	1,486	4.17500	6,204	0.49300	3,059	5.44500	8,091	0.70200	5,680	0.75000
2001	2,452	4.17500	10,237	0.49300	5,047	6.07500	14,896	0.70800	10,546	0.76000
2000	1,812	4.17500	7,565	0.49300	3,730	6.65000	12,050	0.71300	8,592	0.76000
1999	0	4.17500	0	0.49300	0	7.17600	0	0.71700	0	0.76000
1998	0	4.17500	0	0.49300	0	7.65500	0	0.72000	0	0.77000
1997	0	4.17500	0	0.49300	0	8.09300	0	0.72300	0	0.77000
1996	440,959	4.17500	1,841,004	0.49300	907,615	8.49300	3,745,065	0.72500	2,715,172	0.77000
PRIOR	0	4.17500	0	0.49300	0	8.68400	0	0.72500	0	0.77000
TOTAL:			1,865,010		919,451		3,780,102		2,739,990	

BENCHMARK RATIO SINCE INCEPTION: 0.6482

**MEDICARE SUPPLEMENT REPORTING/REFUND SYSTEM
REPORTING FOR FOR THE CALCULATION OF BENCHMARK RATIO SINCE INCEPTION
FOR CALENDAR YEAR 2010**

**FOR THE STATE OF: ARKANSAS
TYPE: INDIVIDUAL SELECT BUSINESS**

SMSPB: PLAN B

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY

NAIC GROUP CODE: 261

NAIC COMPANY CODE: 71412

ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

PERSON COMPLETING THIS EXHIBIT: MARY MILLER

TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
YEAR	EARNED PREMIUM	FACTOR	(b) x (c)	CUMULATIVE LOSS RATIO	(d) x (e)	FACTOR	(b) x (g)	CUMULATIVE LOSS RATIO	(h) x (i)	POLICY YEAR LOSS RATIO
2009	0	0.00000	0	0.44200	0	0.00000	0	0.00000	0	0.40000
2008	0	4.17500	0	0.49300	0	0.00000	0	0.00000	0	0.55000
2007	0	4.17500	0	0.49300	0	1.19400	0	0.65900	0	0.65000
2006	0	4.17500	0	0.49300	0	2.24500	0	0.66900	0	0.67000
2005	0	4.17500	0	0.49300	0	3.17000	0	0.67800	0	0.69000
2004	0	4.17500	0	0.49300	0	3.99800	0	0.68600	0	0.71000
2003	0	4.17500	0	0.49300	0	4.75400	0	0.69500	0	0.73000
2002	0	4.17500	0	0.49300	0	5.44500	0	0.70200	0	0.75000
2001	492	4.17500	2,054	0.49300	1,013	6.07500	2,989	0.70800	2,116	0.76000
2000	865	4.17500	3,611	0.49300	1,780	6.65000	5,752	0.71300	4,101	0.76000
1999	0	4.17500	0	0.49300	0	7.17600	0	0.71700	0	0.76000
1998	0	4.17500	0	0.49300	0	7.65500	0	0.72000	0	0.77000
1997	0	4.17500	0	0.49300	0	8.09300	0	0.72300	0	0.77000
1996	0	4.17500	0	0.49300	0	8.49300	0	0.72500	0	0.77000
PRIOR	0	4.17500	0	0.49300	0	8.68400	0	0.72500	0	0.77000
TOTAL:			5,665		2,793		8,741		6,217	

BENCHMARK RATIO SINCE INCEPTION: 0.6254

**MEDICARE SUPPLEMENT REPORTING/REFUND SYSTEM
REPORTING FOR FOR THE CALCULATION OF BENCHMARK RATIO SINCE INCEPTION
FOR CALENDAR YEAR 2010**

**FOR THE STATE OF: ARKANSAS
TYPE: INDIVIDUAL SELECT BUSINESS**

SMSPB: PLAN C

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY

NAIC GROUP CODE: 261

NAIC COMPANY CODE: 71412

ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

PERSON COMPLETING THIS EXHIBIT: MARY MILLER

TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
YEAR	EARNED PREMIUM	FACTOR	(b) x (c)	CUMULATIVE LOSS RATIO	(d) x (e)	FACTOR	(b) x (g)	CUMULATIVE LOSS RATIO	(h) x (i)	POLICY YEAR LOSS RATIO
2009	0	0.00000	0	0.44200	0	0.00000	0	0.00000	0	0.40000
2008	0	4.17500	0	0.49300	0	0.00000	0	0.00000	0	0.55000
2007	0	4.17500	0	0.49300	0	1.19400	0	0.65900	0	0.65000
2006	0	4.17500	0	0.49300	0	2.24500	0	0.66900	0	0.67000
2005	0	4.17500	0	0.49300	0	3.17000	0	0.67800	0	0.69000
2004	0	4.17500	0	0.49300	0	3.99800	0	0.68600	0	0.71000
2003	114	4.17500	476	0.49300	235	4.75400	542	0.69500	377	0.73000
2002	10,964	4.17500	45,775	0.49300	22,567	5.44500	59,699	0.70200	41,909	0.75000
2001	2,060	4.17500	8,601	0.49300	4,240	6.07500	12,515	0.70800	8,861	0.76000
2000	2,837	4.17500	11,844	0.49300	5,839	6.65000	18,866	0.71300	13,451	0.76000
1999	323	4.17500	1,349	0.49300	665	7.17600	2,318	0.71700	1,662	0.76000
1998	0	4.17500	0	0.49300	0	7.65500	0	0.72000	0	0.77000
1997	0	4.17500	0	0.49300	0	8.09300	0	0.72300	0	0.77000
1996	0	4.17500	0	0.49300	0	8.49300	0	0.72500	0	0.77000
PRIOR	0	4.17500	0	0.49300	0	8.68400	0	0.72500	0	0.77000
TOTAL:			68,045		33,546		93,940		66,260	

BENCHMARK RATIO SINCE INCEPTION: 0.6161

**MEDICARE SUPPLEMENT REPORTING/REFUND SYSTEM
REPORTING FOR FOR THE CALCULATION OF BENCHMARK RATIO SINCE INCEPTION
FOR CALENDAR YEAR 2010**

**FOR THE STATE OF: ARKANSAS
TYPE: INDIVIDUAL SELECT BUSINESS**

SMSPB: PLAN D

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY
NAIC GROUP CODE: 261
ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

NAIC COMPANY CODE: 71412

PERSON COMPLETING THIS EXHIBIT: MARY MILLER
TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
YEAR	EARNED PREMIUM	FACTOR	(b) x (c)	CUMULATIVE LOSS RATIO	(d) x (e)	FACTOR	(b) x (g)	CUMULATIVE LOSS RATIO	(h) x (i)	POLICY YEAR LOSS RATIO
2009	0	0.00000	0	0.44200	0	0.00000	0	0.00000	0	0.40000
2008	0	4.17500	0	0.49300	0	0.00000	0	0.00000	0	0.55000
2007	0	4.17500	0	0.49300	0	1.19400	0	0.65900	0	0.65000
2006	0	4.17500	0	0.49300	0	2.24500	0	0.66900	0	0.67000
2005	0	4.17500	0	0.49300	0	3.17000	0	0.67800	0	0.69000
2004	1,593	4.17500	6,651	0.49300	3,279	3.99800	6,369	0.68600	4,369	0.71000
2003	0	4.17500	0	0.49300	0	4.75400	0	0.69500	0	0.73000
2002	0	4.17500	0	0.49300	0	5.44500	0	0.70200	0	0.75000
2001	0	4.17500	0	0.49300	0	6.07500	0	0.70800	0	0.76000
2000	1,697	4.17500	7,085	0.49300	3,493	6.65000	11,285	0.71300	8,046	0.76000
1999	0	4.17500	0	0.49300	0	7.17600	0	0.71700	0	0.76000
1998	0	4.17500	0	0.49300	0	7.65500	0	0.72000	0	0.77000
1997	0	4.17500	0	0.49300	0	8.09300	0	0.72300	0	0.77000
1996	0	4.17500	0	0.49300	0	8.49300	0	0.72500	0	0.77000
PRIOR	0	4.17500	0	0.49300	0	8.68400	0	0.72500	0	0.77000
TOTAL:			13,736		6,772		17,654		12,415	

BENCHMARK RATIO SINCE INCEPTION: 0.6112

**MEDICARE SUPPLEMENT REPORTING/REFUND SYSTEM
REPORTING FOR FOR THE CALCULATION OF BENCHMARK RATIO SINCE INCEPTION
FOR CALENDAR YEAR 2010**

**FOR THE STATE OF: ARKANSAS
TYPE: INDIVIDUAL SELECT BUSINESS**

SMSPB: PLAN F

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY
NAIC GROUP CODE: 261 NAIC COMPANY CODE: 71412
ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

PERSON COMPLETING THIS EXHIBIT: MARY MILLER
TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
YEAR	EARNED PREMIUM	FACTOR	(b) x (c)	CUMULATIVE LOSS RATIO	(d) x (e)	FACTOR	(b) x (g)	CUMULATIVE LOSS RATIO	(h) x (i)	POLICY YEAR LOSS RATIO
2009	0	0.00000	0	0.44200	0	0.00000	0	0.00000	0	0.40000
2008	0	4.17500	0	0.49300	0	0.00000	0	0.00000	0	0.55000
2007	0	4.17500	0	0.49300	0	1.19400	0	0.65900	0	0.65000
2006	0	4.17500	0	0.49300	0	2.24500	0	0.66900	0	0.67000
2005	0	4.17500	0	0.49300	0	3.17000	0	0.67800	0	0.69000
2004	9,943	4.17500	41,512	0.49300	20,465	3.99800	39,752	0.68600	27,270	0.71000
2003	33,726	4.17500	140,806	0.49300	69,417	4.75400	160,333	0.69500	111,431	0.73000
2002	674,251	4.17500	2,814,998	0.49300	1,387,794	5.44500	3,671,297	0.70200	2,577,250	0.75000
2001	70,724	4.17500	295,273	0.49300	145,570	6.07500	429,648	0.70800	304,191	0.76000
2000	22,407	4.17500	93,549	0.49300	46,120	6.65000	149,007	0.71300	106,242	0.76000
1999	1,293	4.17500	5,398	0.49300	2,661	7.17600	9,279	0.71700	6,653	0.76000
1998	0	4.17500	0	0.49300	0	7.65500	0	0.72000	0	0.77000
1997	0	4.17500	0	0.49300	0	8.09300	0	0.72300	0	0.77000
1996	0	4.17500	0	0.49300	0	8.49300	0	0.72500	0	0.77000
PRIOR	0	4.17500	0	0.49300	0	8.68400	0	0.72500	0	0.77000
TOTAL:			3,391,536		1,672,027		4,459,316		3,133,037	

BENCHMARK RATIO SINCE INCEPTION: 0.612

**MEDICARE SUPPLEMENT REPORTING/REFUND SYSTEM
REPORTING FOR FOR THE CALCULATION OF BENCHMARK RATIO SINCE INCEPTION
FOR CALENDAR YEAR 2010**

**FOR THE STATE OF: ARKANSAS
TYPE: INDIVIDUAL SELECT BUSINESS**

SMSPB: PLAN G

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY
NAIC GROUP CODE: 261 NAIC COMPANY CODE: 71412
ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

PERSON COMPLETING THIS EXHIBIT: MARY MILLER
TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
YEAR	EARNED PREMIUM	FACTOR	(b) x (c)	CUMULATIVE LOSS RATIO	(d) x (e)	FACTOR	(b) x (g)	CUMULATIVE LOSS RATIO	(h) x (i)	POLICY YEAR LOSS RATIO
2009	0	0.00000	0	0.44200	0	0.00000	0	0.00000	0	0.40000
2008	0	4.17500	0	0.49300	0	0.00000	0	0.00000	0	0.55000
2007	0	4.17500	0	0.49300	0	1.19400	0	0.65900	0	0.65000
2006	0	4.17500	0	0.49300	0	2.24500	0	0.66900	0	0.67000
2005	0	4.17500	0	0.49300	0	3.17000	0	0.67800	0	0.69000
2004	0	4.17500	0	0.49300	0	3.99800	0	0.68600	0	0.71000
2003	0	4.17500	0	0.49300	0	4.75400	0	0.69500	0	0.73000
2002	2,246	4.17500	9,377	0.49300	4,623	5.44500	12,229	0.70200	8,585	0.75000
2001	0	4.17500	0	0.49300	0	6.07500	0	0.70800	0	0.76000
2000	0	4.17500	0	0.49300	0	6.65000	0	0.71300	0	0.76000
1999	0	4.17500	0	0.49300	0	7.17600	0	0.71700	0	0.76000
1998	0	4.17500	0	0.49300	0	7.65500	0	0.72000	0	0.77000
1997	0	4.17500	0	0.49300	0	8.09300	0	0.72300	0	0.77000
1996	0	4.17500	0	0.49300	0	8.49300	0	0.72500	0	0.77000
PRIOR	0	4.17500	0	0.49300	0	8.68400	0	0.72500	0	0.77000
TOTAL:			9,377		4,623		12,229		8,585	

BENCHMARK RATIO SINCE INCEPTION: 0.6113

MEDICARE SUPPLEMENT
REPORTING/REFUND SYSTEM
REFUND CALCULATION REPORT
FOR CALENDAR YEAR 2010

TYPE: INDIVIDUAL BUSINESS
FOR THE STATE OF: ARKANSAS

SMSPB: PLAN A

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY
NAIC GROUP CODE: 261
ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

NAIC COMPANY CODE: 71412

PERSON COMPLETING THIS EXHIBIT: MARY MILLER
TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

<u>LINE</u>	<u>EARNED PREMIUM</u>	<u>INCURRED CLAIMS</u>
1. CURRENT YEAR'S EXPERIENCE		
A. TOTAL ALL POLICY YEARS	\$ 6,416	\$ 2,291
B. CURRENT YEAR'S ISSUES	\$ -	\$ -
C. NET (FOR REPORTING PURPOSES)	\$ 6,416	\$ 2,291
2. PAST EXPERIENCE (ALL YEARS)	\$ 197,387	\$ 129,688
3. TOTAL EXPERIENCE (NET CURRENT YEAR + PAST YEARS' EXPERIENCE)	\$ 203,803	\$ 131,979
4. REFUNDS LAST YEAR (EXCLUDING INTEREST)	\$ -	
5. PREVIOUS REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
6. REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
7. BENCHMARK LOSS RATIO SINCE INCEPTION	0.6317	
8. EXPERIENCED RATIO SINCE INCEPTION TOTAL ACTUAL INCURRED CLAIMS / (TOTAL EARNED PREMIUM - REFUNDS SINCE INCEPTION)	0.6476	
9. LIFE YEARS EXPOSED SINCE INCEPTION	181	
10. TOLERANCE PERMITTED (FROM CREDIBILITY TABLE)	-	
11. ADJUSTMENT TO INCURRED CLAIMS FOR CREDIBILITY	-	
12. ADJUSTED INCURRED CLAIMS	\$ -	
13. REFUND = TOTAL EARNED PREMIUMS - REFUNDS SINCE INCEPTION - (ADJUSTED INCURRED CLAIMS / BENCHMARK LOSS RATIO)	\$ -	
14. DEMINIMUS AMOUNT ANNUALIZED INFORCE PREMIUM AS OF 12/31/2010 * 0.005	\$ -	

MEDICARE SUPPLEMENT CREDIBILITY TABLE

LIFE YEARS EXPOSED
SINCE INCEPTION

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%

Mary Miller

MARY MILLER
RESEARCH SUPERVISOR
May 16, 2011

MEDICARE SUPPLEMENT
REPORTING/REFUND SYSTEM
REFUND CALCULATION REPORT
FOR CALENDAR YEAR 2010

TYPE: INDIVIDUAL BUSINESS

SMSPB: PLAN C

FOR THE STATE OF: ARKANSAS

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY

NAIC GROUP CODE: 261

NAIC COMPANY CODE: 71412

ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

PERSON COMPLETING THIS EXHIBIT: MARY MILLER

TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

<u>LINE</u>	<u>EARNED PREMIUM</u>	<u>INCURRED CLAIMS</u>
1. CURRENT YEAR'S EXPERIENCE		
A. TOTAL ALL POLICY YEARS	\$ 61,163	\$ 41,753
B. CURRENT YEAR'S ISSUES	\$ -	\$ -
C. NET (FOR REPORTING PURPOSES)	\$ 61,163	\$ 41,753
2. PAST EXPERIENCE (ALL YEARS)	\$ 1,505,406	\$ 1,074,864
3. TOTAL EXPERIENCE (NET CURRENT YEAR + PAST YEARS' EXPERIENCE)	\$ 1,566,569	\$ 1,116,617
4. REFUNDS LAST YEAR (EXCLUDING INTEREST)	\$ -	
5. PREVIOUS REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
6. REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
7. BENCHMARK LOSS RATIO SINCE INCEPTION	0.6349	
8. EXPERIENCED RATIO SINCE INCEPTION TOTAL ACTUAL INCURRED CLAIMS / (TOTAL EARNED PREMIUM - REFUNDS SINCE INCEPTION)	0.7128	
9. LIFE YEARS EXPOSED SINCE INCEPTION	950	
10. TOLERANCE PERMITTED (FROM CREDIBILITY TABLE)	0.1500	
11. ADJUSTMENT TO INCURRED CLAIMS FOR CREDIBILITY	0.8628	
12. ADJUSTED INCURRED CLAIMS	\$ -	
13. REFUND = TOTAL EARNED PREMIUMS - REFUNDS SINCE INCEPTION - (ADJUSTED INCURRED CLAIMS / BENCHMARK LOSS RATIO)	\$ -	
14. DEMINIMUS AMOUNT ANNUALIZED INFORCE PREMIUM AS OF 12/31/2010 * 0.005	\$ -	

MEDICARE SUPPLEMENT CREDIBILITY TABLE

LIFE YEARS EXPOSED

SINCE INCEPTION

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%

Mary Miller

MARY MILLER
RESEARCH SUPERVISOR
May 16, 2011

MEDICARE SUPPLEMENT
REPORTING/REFUND SYSTEM
REFUND CALCULATION REPORT
FOR CALENDAR YEAR 2010

TYPE: INDIVIDUAL BUSINESS

SMSPB: PLAN D

FOR THE STATE OF: ARKANSAS

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY

NAIC GROUP CODE: 261

NAIC COMPANY CODE: 71412

ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

PERSON COMPLETING THIS EXHIBIT: MARY MILLER

TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

<u>LINE</u>	<u>EARNED PREMIUM</u>	<u>INCURRED CLAIMS</u>
1. CURRENT YEAR'S EXPERIENCE		
A. TOTAL ALL POLICY YEARS	\$ 297,104	\$ 199,487
B. CURRENT YEAR'S ISSUES	\$ -	\$ -
C. NET (FOR REPORTING PURPOSES)	\$ 297,104	\$ 199,487
2. PAST EXPERIENCE (ALL YEARS)	\$ 4,931,350	\$ 3,574,705
3. TOTAL EXPERIENCE (NET CURRENT YEAR + PAST YEARS' EXPERIENCE)	\$ 5,228,454	\$ 3,774,192
4. REFUNDS LAST YEAR (EXCLUDING INTEREST)	\$ -	
5. PREVIOUS REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
6. REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
7. BENCHMARK LOSS RATIO SINCE INCEPTION	0.6149	
8. EXPERIENCED RATIO SINCE INCEPTION TOTAL ACTUAL INCURRED CLAIMS / (TOTAL EARNED PREMIUM - REFUNDS SINCE INCEPTION)	0.7219	
9. LIFE YEARS EXPOSED SINCE INCEPTION	3,480	
10. TOLERANCE PERMITTED (FROM CREDIBILITY TABLE)	0.0750	
11. ADJUSTMENT TO INCURRED CLAIMS FOR CREDIBILITY	0.7969	
12. ADJUSTED INCURRED CLAIMS	\$ -	
13. REFUND = TOTAL EARNED PREMIUMS - REFUNDS SINCE INCEPTION - (ADJUSTED INCURRED CLAIMS / BENCHMARK LOSS RATIO)	\$ -	
14. DEMINIMUS AMOUNT ANNUALIZED INFORCE PREMIUM AS OF 12/31/2010 * 0.005	\$ -	

MEDICARE SUPPLEMENT CREDIBILITY TABLE

LIFE YEARS EXPOSED

SINCE INCEPTION

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%

Mary Miller

MARY MILLER
RESEARCH SUPERVISOR
May 16, 2011

MEDICARE SUPPLEMENT
REPORTING/REFUND SYSTEM
REFUND CALCULATION REPORT
FOR CALENDAR YEAR 2010

TYPE: INDIVIDUAL BUSINESS

SMSPB: PLAN F

FOR THE STATE OF: ARKANSAS

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY

NAIC GROUP CODE: 261

NAIC COMPANY CODE: 71412

ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

PERSON COMPLETING THIS EXHIBIT: MARY MILLER

TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

<u>LINE</u>	<u>EARNED PREMIUM</u>	<u>INCURRED CLAIMS</u>
1. CURRENT YEAR'S EXPERIENCE		
A. TOTAL ALL POLICY YEARS	\$ 4,214,900	\$ 2,620,579
B. CURRENT YEAR'S ISSUES	\$ -	\$ -
C. NET (FOR REPORTING PURPOSES)	\$ 4,214,900	\$ 2,620,579
2. PAST EXPERIENCE (ALL YEARS)	\$ 84,357,514	\$ 59,429,929
3. TOTAL EXPERIENCE (NET CURRENT YEAR + PAST YEARS' EXPERIENCE)	\$ 88,572,414	\$ 62,050,508
4. REFUNDS LAST YEAR (EXCLUDING INTEREST)	\$ -	
5. PREVIOUS REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
6. REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
7. BENCHMARK LOSS RATIO SINCE INCEPTION	0.6153	
8. EXPERIENCED RATIO SINCE INCEPTION TOTAL ACTUAL INCURRED CLAIMS / (TOTAL EARNED PREMIUM - REFUNDS SINCE INCEPTION)	0.7006	
9. LIFE YEARS EXPOSED SINCE INCEPTION	50,550	
10. TOLERANCE PERMITTED (FROM CREDIBILITY TABLE)	-	
11. ADJUSTMENT TO INCURRED CLAIMS FOR CREDIBILITY	0.7006	
12. ADJUSTED INCURRED CLAIMS	\$ -	
13. REFUND = TOTAL EARNED PREMIUMS - REFUNDS SINCE INCEPTION - (ADJUSTED INCURRED CLAIMS / BENCHMARK LOSS RATIO)	\$ -	
14. DEMINIMUS AMOUNT ANNUALIZED INFORCE PREMIUM AS OF 12/31/2010 * 0.005	\$ -	

MEDICARE SUPPLEMENT CREDIBILITY TABLE

LIFE YEARS EXPOSED

SINCE INCEPTION

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%

Mary Miller

MARY MILLER
RESEARCH SUPERVISOR
May 16, 2011

MEDICARE SUPPLEMENT
REPORTING/REFUND SYSTEM
REFUND CALCULATION REPORT
FOR CALENDAR YEAR 2010

TYPE: INDIVIDUAL BUSINESS

SMSPB: PLAN G

FOR THE STATE OF: ARKANSAS

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY

NAIC GROUP CODE: 261

NAIC COMPANY CODE: 71412

ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

PERSON COMPLETING THIS EXHIBIT: MARY MILLER

TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

<u>LINE</u>	<u>EARNED PREMIUM</u>	<u>INCURRED CLAIMS</u>
1. CURRENT YEAR'S EXPERIENCE		
A. TOTAL ALL POLICY YEARS	\$ 764,149	\$ 533,757
B. CURRENT YEAR'S ISSUES	\$ -	\$ -
C. NET (FOR REPORTING PURPOSES)	\$ 764,149	\$ 533,757
2. PAST EXPERIENCE (ALL YEARS)	\$ 7,498,972	\$ 5,064,282
3. TOTAL EXPERIENCE (NET CURRENT YEAR + PAST YEARS' EXPERIENCE)	\$ 8,263,121	\$ 5,598,039
4. REFUNDS LAST YEAR (EXCLUDING INTEREST)	\$ -	
5. PREVIOUS REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
6. REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
7. BENCHMARK LOSS RATIO SINCE INCEPTION	0.5813	
8. EXPERIENCED RATIO SINCE INCEPTION TOTAL ACTUAL INCURRED CLAIMS / (TOTAL EARNED PREMIUM - REFUNDS SINCE INCEPTION)	0.6775	
9. LIFE YEARS EXPOSED SINCE INCEPTION	5,601	
10. TOLERANCE PERMITTED (FROM CREDIBILITY TABLE)	0.0500	
11. ADJUSTMENT TO INCURRED CLAIMS FOR CREDIBILITY	0.7275	
12. ADJUSTED INCURRED CLAIMS	\$ -	
13. REFUND = TOTAL EARNED PREMIUMS - REFUNDS SINCE INCEPTION - (ADJUSTED INCURRED CLAIMS / BENCHMARK LOSS RATIO)	\$ -	
14. DEMINIMUS AMOUNT ANNUALIZED INFORCE PREMIUM AS OF 12/31/2010 * 0.005	\$ -	

MEDICARE SUPPLEMENT CREDIBILITY TABLE

LIFE YEARS EXPOSED

SINCE INCEPTION

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%

Mary Miller

MARY MILLER
RESEARCH SUPERVISOR
May 16, 2011

MEDICARE SUPPLEMENT
REPORTING/REFUND SYSTEM
REFUND CALCULATION REPORT
FOR CALENDAR YEAR 2010

TYPE: INDIVIDUAL BUSINESS

SMSPB: PLAN I

FOR THE STATE OF: ARKANSAS

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY

NAIC GROUP CODE: 261

NAIC COMPANY CODE: 71412

ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

PERSON COMPLETING THIS EXHIBIT: MARY MILLER

TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

<u>LINE</u>	<u>EARNED PREMIUM</u>	<u>INCURRED CLAIMS</u>
1. CURRENT YEAR'S EXPERIENCE		
A. TOTAL ALL POLICY YEARS	\$ -	\$ -
B. CURRENT YEAR'S ISSUES	\$ -	\$ -
C. NET (FOR REPORTING PURPOSES)	\$ -	\$ -
2. PAST EXPERIENCE (ALL YEARS)	\$ 30,880	\$ 16,779
3. TOTAL EXPERIENCE (NET CURRENT YEAR + PAST YEARS' EXPERIENCE)	\$ 30,880	\$ 16,779
4. REFUNDS LAST YEAR (EXCLUDING INTEREST)	\$ -	
5. PREVIOUS REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
6. REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
7. BENCHMARK LOSS RATIO SINCE INCEPTION	0.6494	
8. EXPERIENCED RATIO SINCE INCEPTION TOTAL ACTUAL INCURRED CLAIMS / (TOTAL EARNED PREMIUM - REFUNDS SINCE INCEPTION)	0.5433	
9. LIFE YEARS EXPOSED SINCE INCEPTION	19	
10. TOLERANCE PERMITTED (FROM CREDIBILITY TABLE)	-	
11. ADJUSTMENT TO INCURRED CLAIMS FOR CREDIBILITY	-	
12. ADJUSTED INCURRED CLAIMS	\$ -	
13. REFUND = TOTAL EARNED PREMIUMS - REFUNDS SINCE INCEPTION - (ADJUSTED INCURRED CLAIMS / BENCHMARK LOSS RATIO)	\$ -	
14. DEMINIMUS AMOUNT ANNUALIZED INFORCE PREMIUM AS OF 12/31/2010 * 0.005	\$ -	

MEDICARE SUPPLEMENT CREDIBILITY TABLE

LIFE YEARS EXPOSED

SINCE INCEPTION

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%

Mary Miller

MARY MILLER
RESEARCH SUPERVISOR
May 16, 2011

MEDICARE SUPPLEMENT
REPORTING/REFUND SYSTEM
REFUND CALCULATION REPORT
FOR CALENDAR YEAR 2010

TYPE: INDIVIDUAL BUSINESS

SMSPB: PRE-OBR

FOR THE STATE OF: ARKANSAS

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY

NAIC GROUP CODE: 261

NAIC COMPANY CODE: 71412

ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

PERSON COMPLETING THIS EXHIBIT: MARY MILLER

TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

<u>LINE</u>	<u>EARNED PREMIUM</u>	<u>INCURRED CLAIMS</u>
1. CURRENT YEAR'S EXPERIENCE		
A. TOTAL ALL POLICY YEARS	\$ 35,958	\$ 18,949
B. CURRENT YEAR'S ISSUES	\$ -	\$ -
C. NET (FOR REPORTING PURPOSES)	\$ 35,958	\$ 18,949
2. PAST EXPERIENCE (ALL YEARS)	\$ 2,924,088	\$ 1,689,003
3. TOTAL EXPERIENCE (NET CURRENT YEAR + PAST YEARS' EXPERIENCE)	\$ 2,960,046	\$ 1,707,952
4. REFUNDS LAST YEAR (EXCLUDING INTEREST)	\$ -	
5. PREVIOUS REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
6. REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
7. BENCHMARK LOSS RATIO SINCE INCEPTION	0.6482	
8. EXPERIENCED RATIO SINCE INCEPTION TOTAL ACTUAL INCURRED CLAIMS / (TOTAL EARNED PREMIUM - REFUNDS SINCE INCEPTION)	0.5770	
9. LIFE YEARS EXPOSED SINCE INCEPTION	1,398	
10. TOLERANCE PERMITTED (FROM CREDIBILITY TABLE)	0.1000	
11. ADJUSTMENT TO INCURRED CLAIMS FOR CREDIBILITY	0.6770	
12. ADJUSTED INCURRED CLAIMS	\$ -	
13. REFUND = TOTAL EARNED PREMIUMS - REFUNDS SINCE INCEPTION - (ADJUSTED INCURRED CLAIMS / BENCHMARK LOSS RATIO)	\$ -	
14. DEMINIMUS AMOUNT ANNUALIZED INFORCE PREMIUM AS OF 12/31/2010 * 0.005	\$ -	

MEDICARE SUPPLEMENT CREDIBILITY TABLE

LIFE YEARS EXPOSED

SINCE INCEPTION

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%

Mary Miller

MARY MILLER
RESEARCH SUPERVISOR
May 16, 2011

MEDICARE SUPPLEMENT
REPORTING/REFUND SYSTEM
REFUND CALCULATION REPORT
FOR CALENDAR YEAR 2010

TYPE: INDIVIDUAL SELECT BUSINSS

SMSPB: PLAN B

FOR THE STATE OF: ARKANSAS

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY

NAIC GROUP CODE: 261

NAIC COMPANY CODE: 71412

ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

PERSON COMPLETING THIS EXHIBIT: MARY MILLER

TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

<u>LINE</u>	<u>EARNED PREMIUM</u>	<u>INCURRED CLAIMS</u>
1. CURRENT YEAR'S EXPERIENCE		
A. TOTAL ALL POLICY YEARS	\$ -	\$ -
B. CURRENT YEAR'S ISSUES	\$ -	\$ -
C. NET (FOR REPORTING PURPOSES)	\$ -	\$ -
2. PAST EXPERIENCE (ALL YEARS)	\$ 2,758	\$ 77
3. TOTAL EXPERIENCE (NET CURRENT YEAR + PAST YEARS' EXPERIENCE)	\$ 2,758	\$ 77
4. REFUNDS LAST YEAR (EXCLUDING INTEREST)	\$ -	
5. PREVIOUS REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
6. REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
7. BENCHMARK LOSS RATIO SINCE INCEPTION	0.6254	
8. EXPERIENCED RATIO SINCE INCEPTION TOTAL ACTUAL INCURRED CLAIMS / (TOTAL EARNED PREMIUM - REFUNDS SINCE INCEPTION)	0.0279	
9. LIFE YEARS EXPOSED SINCE INCEPTION	3	
10. TOLERANCE PERMITTED (FROM CREDIBILITY TABLE)	-	
11. ADJUSTMENT TO INCURRED CLAIMS FOR CREDIBILITY	-	
12. ADJUSTED INCURRED CLAIMS	\$ -	
13. REFUND = TOTAL EARNED PREMIUMS - REFUNDS SINCE INCEPTION - (ADJUSTED INCURRED CLAIMS / BENCHMARK LOSS RATIO)	\$ -	
14. DEMINIMUS AMOUNT ANNUALIZED INFORCE PREMIUM AS OF 12/31/2010 * 0.005	\$ -	

MEDICARE SUPPLEMENT CREDIBILITY TABLE

LIFE YEARS EXPOSED

SINCE INCEPTION

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%

Mary Miller

MARY MILLER
RESEARCH SUPERVISOR
May 16, 2011

MEDICARE SUPPLEMENT
REPORTING/REFUND SYSTEM
REFUND CALCULATION REPORT
FOR CALENDAR YEAR 2010

TYPE: INDIVIDUAL SELECT BUSINSS

SMSPB: PLAN C

FOR THE STATE OF: ARKANSAS

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY

NAIC GROUP CODE: 261

NAIC COMPANY CODE: 71412

ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

PERSON COMPLETING THIS EXHIBIT: MARY MILLER

TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

<u>LINE</u>	<u>EARNED PREMIUM</u>	<u>INCURRED CLAIMS</u>
1. CURRENT YEAR'S EXPERIENCE		
A. TOTAL ALL POLICY YEARS	\$ 5,451	\$ 6,166
B. CURRENT YEAR'S ISSUES	\$ -	\$ -
C. NET (FOR REPORTING PURPOSES)	\$ 5,451	\$ 6,166
2. PAST EXPERIENCE (ALL YEARS)	\$ 121,301	\$ 112,071
3. TOTAL EXPERIENCE (NET CURRENT YEAR + PAST YEARS' EXPERIENCE)	\$ 126,752	\$ 118,237
4. REFUNDS LAST YEAR (EXCLUDING INTEREST)	\$ -	
5. PREVIOUS REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
6. REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
7. BENCHMARK LOSS RATIO SINCE INCEPTION	0.6161	
8. EXPERIENCED RATIO SINCE INCEPTION TOTAL ACTUAL INCURRED CLAIMS / (TOTAL EARNED PREMIUM - REFUNDS SINCE INCEPTION)	0.9328	
9. LIFE YEARS EXPOSED SINCE INCEPTION	93	
10. TOLERANCE PERMITTED (FROM CREDIBILITY TABLE)	-	
11. ADJUSTMENT TO INCURRED CLAIMS FOR CREDIBILITY	-	
12. ADJUSTED INCURRED CLAIMS	\$ -	
13. REFUND = TOTAL EARNED PREMIUMS - REFUNDS SINCE INCEPTION - (ADJUSTED INCURRED CLAIMS / BENCHMARK LOSS RATIO)	\$ -	
14. DEMINIMUS AMOUNT ANNUALIZED INFORCE PREMIUM AS OF 12/31/2010 * 0.005	\$ -	

MEDICARE SUPPLEMENT CREDIBILITY TABLE

LIFE YEARS EXPOSED

SINCE INCEPTION

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%

Mary Miller

MARY MILLER
RESEARCH SUPERVISOR
May 16, 2011

MEDICARE SUPPLEMENT
REPORTING/REFUND SYSTEM
REFUND CALCULATION REPORT
FOR CALENDAR YEAR 2010

TYPE: INDIVIDUAL SELECT BUSINSS

SMSPB: PLAN D

FOR THE STATE OF: ARKANSAS

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY

NAIC GROUP CODE: 261

NAIC COMPANY CODE: 71412

ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

PERSON COMPLETING THIS EXHIBIT: MARY MILLER

TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

<u>LINE</u>	<u>EARNED PREMIUM</u>	<u>INCURRED CLAIMS</u>
1. CURRENT YEAR'S EXPERIENCE		
A. TOTAL ALL POLICY YEARS	\$ -	\$ -
B. CURRENT YEAR'S ISSUES	\$ -	\$ -
C. NET (FOR REPORTING PURPOSES)	\$ -	\$ -
2. PAST EXPERIENCE (ALL YEARS)	\$ 8,634	\$ 1,591
3. TOTAL EXPERIENCE (NET CURRENT YEAR + PAST YEARS' EXPERIENCE)	\$ 8,634	\$ 1,591
4. REFUNDS LAST YEAR (EXCLUDING INTEREST)	\$ -	
5. PREVIOUS REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
6. REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
7. BENCHMARK LOSS RATIO SINCE INCEPTION	0.6112	
8. EXPERIENCED RATIO SINCE INCEPTION TOTAL ACTUAL INCURRED CLAIMS / (TOTAL EARNED PREMIUM - REFUNDS SINCE INCEPTION)	0.1843	
9. LIFE YEARS EXPOSED SINCE INCEPTION	8	
10. TOLERANCE PERMITTED (FROM CREDIBILITY TABLE)	-	
11. ADJUSTMENT TO INCURRED CLAIMS FOR CREDIBILITY	-	
12. ADJUSTED INCURRED CLAIMS	\$ -	
13. REFUND = TOTAL EARNED PREMIUMS - REFUNDS SINCE INCEPTION - (ADJUSTED INCURRED CLAIMS / BENCHMARK LOSS RATIO)	\$ -	
14. DEMINIMUS AMOUNT ANNUALIZED INFORCE PREMIUM AS OF 12/31/2010 * 0.005	\$ -	

MEDICARE SUPPLEMENT CREDIBILITY TABLE

LIFE YEARS EXPOSED

SINCE INCEPTION

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%

Mary Miller

MARY MILLER
RESEARCH SUPERVISOR
May 16, 2011

MEDICARE SUPPLEMENT
REPORTING/REFUND SYSTEM
REFUND CALCULATION REPORT
FOR CALENDAR YEAR 2010

TYPE: INDIVIDUAL SELECT BUSINSS

SMSPB: PLAN F

FOR THE STATE OF: ARKANSAS

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY

NAIC GROUP CODE: 261

NAIC COMPANY CODE: 71412

ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

PERSON COMPLETING THIS EXHIBIT: MARY MILLER

TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

<u>LINE</u>	<u>EARNED PREMIUM</u>	<u>INCURRED CLAIMS</u>
1. CURRENT YEAR'S EXPERIENCE		
A. TOTAL ALL POLICY YEARS	\$ 206,041	\$ 164,344
B. CURRENT YEAR'S ISSUES	\$ -	\$ -
C. NET (FOR REPORTING PURPOSES)	\$ 206,041	\$ 164,344
2. PAST EXPERIENCE (ALL YEARS)	\$ 4,641,030	\$ 3,364,208
3. TOTAL EXPERIENCE (NET CURRENT YEAR + PAST YEARS' EXPERIENCE)	\$ 4,847,071	\$ 3,528,552
4. REFUNDS LAST YEAR (EXCLUDING INTEREST)	\$ -	
5. PREVIOUS REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
6. REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
7. BENCHMARK LOSS RATIO SINCE INCEPTION	0.6120	
8. EXPERIENCED RATIO SINCE INCEPTION TOTAL ACTUAL INCURRED CLAIMS / (TOTAL EARNED PREMIUM - REFUNDS SINCE INCEPTION)	0.7280	
9. LIFE YEARS EXPOSED SINCE INCEPTION	3,196	
10. TOLERANCE PERMITTED (FROM CREDIBILITY TABLE)	0.0750	
11. ADJUSTMENT TO INCURRED CLAIMS FOR CREDIBILITY	0.8030	
12. ADJUSTED INCURRED CLAIMS	\$ -	
13. REFUND = TOTAL EARNED PREMIUMS - REFUNDS SINCE INCEPTION - (ADJUSTED INCURRED CLAIMS / BENCHMARK LOSS RATIO)	\$ -	
14. DEMINIMUS AMOUNT ANNUALIZED INFORCE PREMIUM AS OF 12/31/2010 * 0.005	\$ -	

MEDICARE SUPPLEMENT CREDIBILITY TABLE

LIFE YEARS EXPOSED

SINCE INCEPTION

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%

Mary Miller

MARY MILLER
RESEARCH SUPERVISOR
May 16, 2011

MEDICARE SUPPLEMENT
REPORTING/REFUND SYSTEM
REFUND CALCULATION REPORT
FOR CALENDAR YEAR 2010

TYPE: INDIVIDUAL SELECT BUSINSS

SMSPB: PLAN G

FOR THE STATE OF: ARKANSAS

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY

NAIC GROUP CODE: 261

NAIC COMPANY CODE: 71412

ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

PERSON COMPLETING THIS EXHIBIT: MARY MILLER

TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

<u>LINE</u>	<u>EARNED PREMIUM</u>	<u>INCURRED CLAIMS</u>
1. CURRENT YEAR'S EXPERIENCE		
A. TOTAL ALL POLICY YEARS	\$ -	\$ -
B. CURRENT YEAR'S ISSUES	\$ -	\$ -
C. NET (FOR REPORTING PURPOSES)	\$ -	\$ -
2. PAST EXPERIENCE (ALL YEARS)	\$ 4,876	\$ 390
3. TOTAL EXPERIENCE (NET CURRENT YEAR + PAST YEARS' EXPERIENCE)	\$ 4,876	\$ 390
4. REFUNDS LAST YEAR (EXCLUDING INTEREST)	\$ -	
5. PREVIOUS REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
6. REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
7. BENCHMARK LOSS RATIO SINCE INCEPTION	0.6113	
8. EXPERIENCED RATIO SINCE INCEPTION TOTAL ACTUAL INCURRED CLAIMS / (TOTAL EARNED PREMIUM - REFUNDS SINCE INCEPTION)	0.0801	
9. LIFE YEARS EXPOSED SINCE INCEPTION	4	
10. TOLERANCE PERMITTED (FROM CREDIBILITY TABLE)	-	
11. ADJUSTMENT TO INCURRED CLAIMS FOR CREDIBILITY	-	
12. ADJUSTED INCURRED CLAIMS	\$ -	
13. REFUND = TOTAL EARNED PREMIUMS - REFUNDS SINCE INCEPTION - (ADJUSTED INCURRED CLAIMS / BENCHMARK LOSS RATIO)	\$ -	
14. DEMINIMUS AMOUNT ANNUALIZED INFORCE PREMIUM AS OF 12/31/2010 * 0.005	\$ -	

MEDICARE SUPPLEMENT CREDIBILITY TABLE

LIFE YEARS EXPOSED

SINCE INCEPTION

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%

Mary Miller

MARY MILLER
RESEARCH SUPERVISOR
May 16, 2011