

SERFF Tracking Number: AMLC-127190975 State: Arkansas
Filing Company: Liberty National Life Insurance Company State Tracking Number: 48928
Company Tracking Number: 2010 LNL MED SUPP REFUND REPORT
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: 2010 LNL MEDICARE SUPPLEMENT REFUND REPORT
Project Name/Number: 2010 LNL MED SUPP REFUND REPORT/2010 LNL MED SUPP REFUND REPORT

Filing at a Glance

Company: Liberty National Life Insurance Company

Product Name: 2010 LNL MEDICARE SUPPLEMENT REFUND REPORT SERFF Tr Num: AMLC-127190975 State: Arkansas

TOI: MS06 Medicare Supplement - Other SERFF Status: Closed-Accepted State Tr Num: 48928
For Informational Purposes

Sub-TOI: MS06.000 Medicare Supplement - Other Co Tr Num: 2010 LNL MED SUPP REFUND REPORT State Status: Filed-Closed

Filing Type: Form

Author: Jan Robinson

Date Submitted: 05/27/2011

Reviewer(s): Stephanie Fowler

Disposition Date: 06/06/2011

Disposition Status: Accepted For Informational Purposes

Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: 2010 LNL MED SUPP REFUND REPORT

Project Number: 2010 LNL MED SUPP REFUND REPORT

Requested Filing Mode: Other

Explanation for Combination/Other: REPORT

Submission Type: New Submission

Filing Status Changed: 06/06/2011

State Status Changed: 06/06/2011

Created By: Jan Robinson

Corresponding Filing Tracking Number: 2010 LNL MED SUPP REFUND REPORT

Filing Description:

2010 LNL MEDICARE SUPPLEMENT REFUND REPORT - BENCHMARK RATIO AND CALCULATION FORM

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Overall Rate Impact:

Deemer Date:

Submitted By: Jan Robinson

This is a report only

Company and Contact

Filing Contact Information

SERFF Tracking Number: AMLC-127190975 State: Arkansas
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Jan Robinson, Rate Compliance Specialist jrobinson@torchmarkcorp.com
 3700 S. Stonebridge Drive 972-569-3670 [Phone]
 McKinney, TX 75070 972-569-3679 [FAX]

Filing Company Information

Liberty National Life Insurance Company CoCode: 65331 State of Domicile: Nebraska
 P.O. Box 2612 Group Code: 290 Company Type: Life and Health
 Birmingham, AL 35202 Group Name: Liberty National Life State ID Number:
 (205) 325-4307 ext. [Phone] FEIN Number: 63-0124600

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty National Life Insurance Company	\$0.00	05/27/2011	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	06/06/2011	06/06/2011

SERFF Tracking Number: *AMLC-127190975* *State:* *Arkansas*
Filing Company: *Liberty National Life Insurance Company* *State Tracking Number:* *48928*
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Disposition

Disposition Date: 06/06/2011

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *AMLC-127190975* *State:* *Arkansas*
Filing Company: *Liberty National Life Insurance Company* *State Tracking Number:* *48928*
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TOI: *MS06 Medicare Supplement - Other* *Sub-TOI:* *MS06.000 Medicare Supplement - Other*
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	2010 LNL MEDICARE SUPPLEMENT REFUND REPORT	Accepted for Informational Purposes	No

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 Product Name: 2010 LNL MEDICARE SUPPLEMENT REFUND REPORT
 Project Name/Number: 2010 LNL MED SUPP REFUND REPORT/2010 LNL MED SUPP REFUND REPORT

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification Bypass Reason: NA Comments:		
Bypassed - Item: Application Bypass Reason: NA Comments:		
Bypassed - Item: Health - Actuarial Justification Bypass Reason: NA Comments:		
Bypassed - Item: Outline of Coverage Bypass Reason: NA Comments:		
Satisfied - Item: 2010 LNL MEDICARE SUPPLEMENT REFUND REPORT Comments: Attachments: 2010 AR UA COVER LETTER.pdf LN 2010 AR.pdf	Accepted for Informational Purposes	06/06/2011



3700 S. Stonebridge Drive • P.O. Box 8080 • McKinney, TX 75070-8080

May 24, 2011

Honorable Jay Bradford
Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201-1904

RE: 2010 Medicare Supplement Refund Calculation

Enclosed are the Refund Calculations for the following policy forms with issues in your state:

Individual Standardized Policy Forms

If you have any questions, or need further information, please call me at (469) 525-4818.

Sincerely,

Christopher Pailes
Actuarial Department

CP/sjs

Enclosures

**REPORTING FORM FOR THE CALCULATION OF BENCHMARK RATIO SINCE INCEPTION FOR INDIVIDUAL POLICIES
FOR CALENDAR YEAR 2010**

TYPE¹: INDIVIDUAL SMSBP²: B
 FOR THE STATE OF: ARKANSAS
 COMPANY NAME: LIBERTY NATIONAL LIFE INSURANCE COMPANY
 NAIC GROUP CODE: 290 NAIC COMPANY CODE: 65331
 ADDRESS: 3700 S. STONEBRIDGE DR., MCKINNEY, TX 75070
 PERSON COMPLETING EXHIBIT: CHRISTOPHER J. PAILES
 TITLE: ACTUARIAL ASSISTANT TELEPHONE NUMBER: (469) 525-4818

(A) ³	(B) ⁴	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(O) ⁵
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
1	0	2.770	0	0.442	0	0.000	0	0.000	0	0.400
2	0	4.175	0	0.493	0	0.000	0	0.000	0	0.550
3	0	4.175	0	0.493	0	1.194	0	0.659	0	0.650
4	0	4.175	0	0.493	0	2.245	0	0.669	0	0.670
5	0	4.175	0	0.493	0	3.170	0	0.678	0	0.690
6	0	4.175	0	0.493	0	3.998	0	0.686	0	0.710
7	0	4.175	0	0.493	0	4.754	0	0.695	0	0.730
8	0	4.175	0	0.493	0	5.445	0	0.702	0	0.750
9	0	4.175	0	0.493	0	6.075	0	0.708	0	0.760
10	0	4.175	0	0.493	0	6.650	0	0.713	0	0.760
11	0	4.175	0	0.493	0	7.176	0	0.717	0	0.760
12	0	4.175	0	0.493	0	7.655	0	0.720	0	0.770
13	0	4.175	0	0.493	0	8.093	0	0.723	0	0.770
14	0	4.175	0	0.493	0	8.493	0	0.725	0	0.770
15	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
16	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
17	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
18	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
19	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
TOTAL:	0		(K): 0		(L): 0		(M): 0		(N): 0	

BENCHMARK RATIO SINCE INCEPTION: (L + N)/(K + M): 0.000

¹ INDIVIDUAL, GROUP, INDIVIDUAL MEDICARE SELECT, OR GROUP MEDICARE SELECT ONLY.

² "SMSBP" = STANDARDIZED MEDICARE SUPPLEMENT BENEFIT PLAN - USE "P" FOR PRE-STANDARDIZED PLANS.

³ YEAR 1 IS THE CURRENT CALENDAR YEAR - 1. YEAR 2 IS THE CURRENT CALENDAR YEAR - 2 (ETC.)
(EXAMPLE: IF THE CURRENT YEAR IS 1991, THEN: YEAR 1 IS 1990, YEAR 2 IS 1989, ETC.)

⁴ FOR THE CALENDAR YEAR ON THE APPROPRIATE LINE IN COLUMN (A),
THE PREMIUM EARNED DURING THAT YEAR FOR POLICIES ISSUED IN THAT YEAR.

⁵ THESE LOSS RATIOS ARE NOT EXPLICITLY USED IN COMPUTING THE BENCHMARK LOSS RATIOS. THEY ARE THE LOSS RATIOS,
ON A POLICY YEAR BASIS, WHICH RESULT IN THE CUMULATIVE LOSS RATIOS DISPLAYED ON THIS WORKSHEET. THEY ARE SHOWN
HERE FOR INFORMATIONAL PURPOSES ONLY.

**MEDICARE SUPPLEMENT REFUND CALCULATION FORM
FOR CALENDAR YEAR 2010**

TYPE¹: INDIVIDUAL SMSBP²: B
 FOR THE STATE OF: ARKANSAS
 COMPANY NAME: LIBERTY NATIONAL LIFE INSURANCE COMPANY
 NAIC GROUP CODE: 290 NAIC COMPANY CODE: 65331
 ADDRESS: 3700 S. STONEBRIDGE DR., MCKINNEY, TX 75070
 PERSON COMPLETING EXHIBIT: CHRISTOPHER J. PAILES
 TITLE: ACTUARIAL ASSISTANT TELEPHONE NUMBER: (469) 525-4818

	(A) EARNED PREMIUM ³	(B) INCURRED CLAIMS ⁴
1. CURRENT YEAR'S EXPERIENCE		
A. TOTAL (ALL POLICY YEARS)	0	0
B. CURRENT YEAR'S ISSUES ⁵	0	0
C. NET (FOR REPORTING PURPOSES = LINE 1A - LINE 1B)	0	0
2. PAST YEAR'S EXPERIENCE (ALL POLICY YEARS)	0	0
3. TOTAL EXPERIENCE (NET CURRENT YEAR + PAST YEAR'S EXPERIENCE)	0	0
4. REFUNDS LAST YEAR (EXCLUDING INTEREST)	0	
5. PREVIOUS SINCE INCEPTION (EXCLUDING INTEREST)	0	
6. REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	0	
7. BENCHMARK RATIO SINCE INCEPTION (SEE WORKSHEET FOR RATIO 1)	0.000	
8. EXPERIENCED RATIO SINCE INCEPTION (RATIO 2)		
TOTAL ACTUAL INCURRED CLAIMS (LINE 3, COL B)	0.000	
TOTAL EARNED PREM.(LINE 3, COL A) - REFUNDS SINCE INCEPTION (LINE 6)		
9. LIFE YEARS EXPOSED SINCE INCEPTION (IF THE EXPERIENCED RATIO IS LESS THAN THE BENCHMARK RATIO, AND THERE ARE MORE THAN 500 LIFE YEARS EXPOSURE, THEN PROCEED TO CALCULATION OF REFUND.)	0	
10. TOLERANCE PERMITTED (OBTAINED FROM CREDIBILITY TABLE)		NO CREDIBILITY

MEDICARE SUPPLEMENT CREDIBILITY TABLE	
LIFE YEARS EXPOSED	
SINCE INCEPTION	TOLERANCE
10,000 +	0.0%
5,000 - 9,999	5.0%
2,500 - 4,999	7.5%
1,000 - 2,499	10.0%
500 - 999	15.0%
IF LESS THAN 500, NO CREDIBILITY.	

11. ADJUSTMENT TO INCURRED CLAIMS FOR CREDIBILITY (RATIO 3 = RATIO 2 + TOLERANCE) IF RATIO 3 IS MORE THAN BENCHMARK RATIO (RATIO 1), A REFUND OR CREDIT TO PREMIUM IS NOT REQUIRED. IF RATIO 3 IS LESS THAN THE BENCHMARK RATIO, THEN PROCEED.	0.000
12. ADJUSTED INCURRED CLAIMS [TOTAL EARNED PREMIUMS (LINE 3, COL A) - REFUNDS SINCE INCEPTION (LINE 6)] x RATIO 3 (LINE 11)	0
13. REFUND = TOTAL EARNED PREMIUMS (LINE 3, COL A) - REFUNDS SINCE INCEPTION (LINE 6) - [ADJUSTED INCURRED CLAIMS (LINE 12) / BENCHMARK RATIO (RATIO 1)]	0

IF THE AMOUNT ON LINE 13 IS LESS THAN .005 TIMES THE ANNUALIZED PREMIUM IN FORCE AS OF DECEMBER 31 OF THE REPORTING YEAR, THEN NO REFUND IS MADE. OTHERWISE, THE AMOUNT ON LINE 13 IS TO BE REFUNDED OR CREDITED, AND A DESCRIPTION OF THE REFUND AND/OR CREDIT AGAINST PREMIUMS TO BE USED MUST BE ATTACHED TO THIS FORM.

I CERTIFY THAT THE ABOVE INFORMATION AND CALCULATIONS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.



SIGNATURE

CHRISTOPHER J. PAILES
NAME - PLEASE TYPE

ACTUARIAL ASSISTANT
TITLE

5/24/2011
DATE

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³ INCLUDES MODAL LOADINGS AND FEES CHARGED.

⁴ EXCLUDES ACTIVE LIFE RESERVES.

⁵ THIS IS TO BE USED AS "ISSUE YEAR EARNED PREMIUM" FOR YEAR 1 OF NEXT YEAR'S "WORKSHEET FOR CALCULATION OF BENCHMARK RATIOS"

**REPORTING FORM FOR THE CALCULATION OF BENCHMARK RATIO SINCE INCEPTION FOR INDIVIDUAL POLICIES
FOR CALENDAR YEAR 2010**

TYPE¹: INDIVIDUAL SMSBP²: F
 FOR THE STATE OF: ARKANSAS
 COMPANY NAME: LIBERTY NATIONAL LIFE INSURANCE COMPANY
 NAIC GROUP CODE: 290 NAIC COMPANY CODE: 65331
 ADDRESS: 3700 S. STONEBRIDGE DR., MCKINNEY, TX 75070
 PERSON COMPLETING EXHIBIT: CHRISTOPHER J. PAILES
 TITLE: ACTUARIAL ASSISTANT TELEPHONE NUMBER: (469) 525-4818

(A) ³	(B) ⁴	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(O) ⁵
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
1	0	2.770	0	0.442	0	0.000	0	0.000	0	0.400
2	0	4.175	0	0.493	0	0.000	0	0.000	0	0.550
3	0	4.175	0	0.493	0	1.194	0	0.659	0	0.650
4	0	4.175	0	0.493	0	2.245	0	0.669	0	0.670
5	0	4.175	0	0.493	0	3.170	0	0.678	0	0.690
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8	0	4.175	0	0.493	0	5.445	0	0.702	0	0.750
9	0	4.175	0	0.493	0	6.075	0	0.708	0	0.760
10	0	4.175	0	0.493	0	6.650	0	0.713	0	0.760
11	0	4.175	0	0.493	0	7.176	0	0.717	0	0.760
12	0	4.175	0	0.493	0	7.655	0	0.720	0	0.770
13	0	4.175	0	0.493	0	8.093	0	0.723	0	0.770
14	0	4.175	0	0.493	0	8.493	0	0.725	0	0.770
15	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
16	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
17	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
18	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
19	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
TOTAL:	0		(K): 0		(L): 0		(M): 0		(N): 0	

BENCHMARK RATIO SINCE INCEPTION: (L + N)/(K + M): 0.000

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**MEDICARE SUPPLEMENT REFUND CALCULATION FORM
FOR CALENDAR YEAR 2010**

TYPE¹: INDIVIDUAL SMSBP²: F
 FOR THE STATE OF: ARKANSAS
 COMPANY NAME: LIBERTY NATIONAL LIFE INSURANCE COMPANY
 NAIC GROUP CODE: 290 NAIC COMPANY CODE: 65331
 ADDRESS: 3700 S. STONEBRIDGE DR., MCKINNEY, TX 75070
 PERSON COMPLETING EXHIBIT: CHRISTOPHER J. PAILES
 TITLE: ACTUARIAL ASSISTANT TELEPHONE NUMBER: (469) 525-4818

	(A) EARNED PREMIUM ³	(B) INCURRED CLAIMS ⁴
1. CURRENT YEAR'S EXPERIENCE		
A. TOTAL (ALL POLICY YEARS)	3,736	419
B. CURRENT YEAR'S ISSUES ⁵	3,736	419
C. NET (FOR REPORTING PURPOSES = LINE 1A - LINE 1B)	0	0
2. PAST YEAR'S EXPERIENCE (ALL POLICY YEARS)	0	0
3. TOTAL EXPERIENCE (NET CURRENT YEAR + PAST YEAR'S EXPERIENCE)	0	0
4. REFUNDS LAST YEAR (EXCLUDING INTEREST)	0	
5. PREVIOUS SINCE INCEPTION (EXCLUDING INTEREST)	0	
6. REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	0	
7. BENCHMARK RATIO SINCE INCEPTION (SEE WORKSHEET FOR RATIO 1)	0.000	
8. EXPERIENCED RATIO SINCE INCEPTION (RATIO 2)		
TOTAL ACTUAL INCURRED CLAIMS (LINE 3, COL B)	0.000	
TOTAL EARNED PREM.(LINE 3, COL A) - REFUNDS SINCE INCEPTION (LINE 6)		
9. LIFE YEARS EXPOSED SINCE INCEPTION (IF THE EXPERIENCED RATIO IS LESS THAN THE BENCHMARK RATIO, AND THERE ARE MORE THAN 500 LIFE YEARS EXPOSURE, THEN PROCEED TO CALCULATION OF REFUND.)	0	
10. TOLERANCE PERMITTED (OBTAINED FROM CREDIBILITY TABLE)		NO CREDIBILITY

MEDICARE SUPPLEMENT CREDIBILITY TABLE	
LIFE YEARS EXPOSED	
SINCE INCEPTION	TOLERANCE
10,000 +	0.0%
5,000 - 9,999	5.0%
2,500 - 4,999	7.5%
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IF LESS THAN 500, NO CREDIBILITY.	

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12. ADJUSTED INCURRED CLAIMS [TOTAL EARNED PREMIUMS (LINE 3, COL A) - REFUNDS SINCE INCEPTION (LINE 6)] x RATIO 3 (LINE 11)	0
13. REFUND = TOTAL EARNED PREMIUMS (LINE 3, COL A) - REFUNDS SINCE INCEPTION (LINE 6) - [ADJUSTED INCURRED CLAIMS (LINE 12) / BENCHMARK RATIO (RATIO 1)]	0

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CHRISTOPHER J. PAILES
NAME - PLEASE TYPE

ACTUARIAL ASSISTANT
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**REPORTING FORM FOR THE CALCULATION OF BENCHMARK RATIO SINCE INCEPTION FOR INDIVIDUAL POLICIES
FOR CALENDAR YEAR 2010**

TYPE¹: INDIVIDUAL SMSBP²: N
 FOR THE STATE OF: ARKANSAS
 COMPANY NAME: LIBERTY NATIONAL LIFE INSURANCE COMPANY
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 ADDRESS: 3700 S. STONEBRIDGE DR., MCKINNEY, TX 75070
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 TITLE: ACTUARIAL ASSISTANT TELEPHONE NUMBER: (469) 525-4818

(A) ³	(B) ⁴	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(O) ⁵
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
1	0	2.770	0	0.442	0	0.000	0	0.000	0	0.400
2	0	4.175	0	0.493	0	0.000	0	0.000	0	0.550
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9	0	4.175	0	0.493	0	6.075	0	0.708	0	0.760
10	0	4.175	0	0.493	0	6.650	0	0.713	0	0.760
11	0	4.175	0	0.493	0	7.176	0	0.717	0	0.760
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18	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
19	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
TOTAL:	0		(K): 0		(L): 0		(M): 0		(N): 0	

BENCHMARK RATIO SINCE INCEPTION: (L + N)/(K + M): 0.000

¹ INDIVIDUAL, GROUP, INDIVIDUAL MEDICARE SELECT, OR GROUP MEDICARE SELECT ONLY.

² "SMSBP" = STANDARDIZED MEDICARE SUPPLEMENT BENEFIT PLAN - USE "P" FOR PRE-STANDARDIZED PLANS.

³ YEAR 1 IS THE CURRENT CALENDAR YEAR - 1. YEAR 2 IS THE CURRENT CALENDAR YEAR - 2 (ETC.)
(EXAMPLE: IF THE CURRENT YEAR IS 1991, THEN: YEAR 1 IS 1990, YEAR 2 IS 1989, ETC.)

⁴ FOR THE CALENDAR YEAR ON THE APPROPRIATE LINE IN COLUMN (A),
THE PREMIUM EARNED DURING THAT YEAR FOR POLICIES ISSUED IN THAT YEAR.

⁵ THESE LOSS RATIOS ARE NOT EXPLICITLY USED IN COMPUTING THE BENCHMARK LOSS RATIOS. THEY ARE THE LOSS RATIOS,
ON A POLICY YEAR BASIS, WHICH RESULT IN THE CUMULATIVE LOSS RATIOS DISPLAYED ON THIS WORKSHEET. THEY ARE SHOWN
HERE FOR INFORMATIONAL PURPOSES ONLY.

**MEDICARE SUPPLEMENT REFUND CALCULATION FORM
FOR CALENDAR YEAR 2010**

TYPE¹: INDIVIDUAL SMSBP²: N
 FOR THE STATE OF: ARKANSAS
 COMPANY NAME: LIBERTY NATIONAL LIFE INSURANCE COMPANY
 NAIC GROUP CODE: 290 NAIC COMPANY CODE: 65331
 ADDRESS: 3700 S. STONEBRIDGE DR., MCKINNEY, TX 75070
 PERSON COMPLETING EXHIBIT: CHRISTOPHER J. PAILES
 TITLE: ACTUARIAL ASSISTANT TELEPHONE NUMBER: (469) 525-4818

	(A) EARNED PREMIUM ³	(B) INCURRED CLAIMS ⁴
1. CURRENT YEAR'S EXPERIENCE		
A. TOTAL (ALL POLICY YEARS)	186	0
B. CURRENT YEAR'S ISSUES ⁵	186	0
C. NET (FOR REPORTING PURPOSES = LINE 1A - LINE 1B)	0	0
2. PAST YEAR'S EXPERIENCE (ALL POLICY YEARS)	0	0
3. TOTAL EXPERIENCE (NET CURRENT YEAR + PAST YEAR'S EXPERIENCE)	0	0
4. REFUNDS LAST YEAR (EXCLUDING INTEREST)	0	
5. PREVIOUS SINCE INCEPTION (EXCLUDING INTEREST)	0	
6. REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	0	
7. BENCHMARK RATIO SINCE INCEPTION (SEE WORKSHEET FOR RATIO 1)	0.000	
8. EXPERIENCED RATIO SINCE INCEPTION (RATIO 2)		
TOTAL ACTUAL INCURRED CLAIMS (LINE 3, COL B)	0.000	
TOTAL EARNED PREM.(LINE 3, COL A) - REFUNDS SINCE INCEPTION (LINE 6)		
9. LIFE YEARS EXPOSED SINCE INCEPTION (IF THE EXPERIENCED RATIO IS LESS THAN THE BENCHMARK RATIO, AND THERE ARE MORE THAN 500 LIFE YEARS EXPOSURE, THEN PROCEED TO CALCULATION OF REFUND.)	0	
10. TOLERANCE PERMITTED (OBTAINED FROM CREDIBILITY TABLE)		NO CREDIBILITY

MEDICARE SUPPLEMENT CREDIBILITY TABLE	
LIFE YEARS EXPOSED	
SINCE INCEPTION	TOLERANCE
10,000 +	0.0%
5,000 - 9,999	5.0%
2,500 - 4,999	7.5%
1,000 - 2,499	10.0%
500 - 999	15.0%
IF LESS THAN 500, NO CREDIBILITY.	

11. ADJUSTMENT TO INCURRED CLAIMS FOR CREDIBILITY (RATIO 3 = RATIO 2 + TOLERANCE) IF RATIO 3 IS MORE THAN BENCHMARK RATIO (RATIO 1), A REFUND OR CREDIT TO PREMIUM IS NOT REQUIRED. IF RATIO 3 IS LESS THAN THE BENCHMARK RATIO, THEN PROCEED.	0.000
12. ADJUSTED INCURRED CLAIMS [TOTAL EARNED PREMIUMS (LINE 3, COL A) - REFUNDS SINCE INCEPTION (LINE 6)] x RATIO 3 (LINE 11)	0
13. REFUND = TOTAL EARNED PREMIUMS (LINE 3, COL A) - REFUNDS SINCE INCEPTION (LINE 6) - [ADJUSTED INCURRED CLAIMS (LINE 12) / BENCHMARK RATIO (RATIO 1)]	0

IF THE AMOUNT ON LINE 13 IS LESS THAN .005 TIMES THE ANNUALIZED PREMIUM IN FORCE AS OF DECEMBER 31 OF THE REPORTING YEAR, THEN NO REFUND IS MADE. OTHERWISE, THE AMOUNT ON LINE 13 IS TO BE REFUNDED OR CREDITED, AND A DESCRIPTION OF THE REFUND AND/OR CREDIT AGAINST PREMIUMS TO BE USED MUST BE ATTACHED TO THIS FORM.

I CERTIFY THAT THE ABOVE INFORMATION AND CALCULATIONS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.



SIGNATURE

CHRISTOPHER J. PAILES
NAME - PLEASE TYPE

ACTUARIAL ASSISTANT
TITLE

5/24/2011
DATE

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³ INCLUDES MODAL LOADINGS AND FEES CHARGED.

⁴ EXCLUDES ACTIVE LIFE RESERVES.

⁵ THIS IS TO BE USED AS "ISSUE YEAR EARNED PREMIUM" FOR YEAR 1 OF NEXT YEAR'S "WORKSHEET FOR CALCULATION OF BENCHMARK RATIOS"