

SERFF Tracking Number: ELCC-127179539 State: Arkansas  
Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number: 48841  
Company Tracking Number: 2011 MED SUP REFUND CALC REPORT  
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other  
Product Name: Medicare Supplement  
Project Name/Number: Medicare Supplement Refund Calculation Report/Medicare Supplement Refund Calculation Report

## Filing at a Glance

Company: Equitable Life & Casualty Insurance Company

Product Name: Medicare Supplement

SERFF Tr Num: ELCC-127179539 State: Arkansas

TOI: MS06 Medicare Supplement - Other

SERFF Status: Closed-Accepted State Tr Num: 48841

For Informational Purposes

Sub-TOI: MS06.000 Medicare Supplement - Other

Co Tr Num: 2011 MED SUP  
REFUND CALC REPORT

State Status: Filed-Closed

Filing Type: Form

Reviewer(s): Stephanie Fowler

Authors: Mark Banks, Kathy Foster, Disposition Date: 06/02/2011

John Neville

Date Submitted: 05/20/2011

Disposition Status: Accepted For  
Informational Purposes

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Medicare Supplement Refund Calculation Report

Status of Filing in Domicile: Pending

Project Number: Medicare Supplement Refund Calculation Report

Date Approved in Domicile:

Requested Filing Mode: Informational

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 06/02/2011

State Status Changed: 06/02/2011

Deemer Date:

Created By: Kathy Foster

Submitted By: Kathy Foster

Corresponding Filing Tracking Number:

Filing Description:

Attached for your information please find Equitable Life & Casualty Insurance Company's 2011 Medicare Supplement Refund Calculation Report, as required by state law.

## Company and Contact

### Filing Contact Information

Kathy Foster, Regulatory Compliance Analyst Kathy.Foster@Equilife.com

Equitable Life & Casualty Insurance Company 801-579-3468 [Phone]

SERFF Tracking Number: ELCC-127179539 State: Arkansas  
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Product Name: Medicare Supplement  
Project Name/Number: Medicare Supplement Refund Calculation Report/Medicare Supplement Refund Calculation Report

3 Triad Center 801-579-3471 [FAX]  
Suite 200  
Salt Lake City, UT 84180

### Filing Company Information

Equitable Life & Casualty Insurance Company CoCode: 62952 State of Domicile: Utah  
3 Triad Center Group Code: -99 Company Type: Life and Health  
Suite 200 Group Name: State ID Number:  
Salt Lake City, UT 84180 FEIN Number: 87-0129771  
(801) 579-3400 ext. [Phone]

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### Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: 1 informational filing.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Equitable Life & Casualty Insurance Company	\$50.00	05/20/2011	47850004

SERFF Tracking Number: ELCC-127179539 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	06/02/2011	06/02/2011

*SERFF Tracking Number:* ELCC-127179539 *State:* Arkansas  
*Filing Company:* Equitable Life & Casualty Insurance Company *State Tracking Number:* 48841  
*Company Tracking Number:* 2011 MED SUP REFUND CALC REPORT  
*TOI:* MS06 Medicare Supplement - Other *Sub-TOI:* MS06.000 Medicare Supplement - Other  
*Product Name:* Medicare Supplement  
*Project Name/Number:* Medicare Supplement Refund Calculation Report/Medicare Supplement Refund Calculation Report

## **Disposition**

Disposition Date: 06/02/2011

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ELCC-127179539 State: Arkansas  
 Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number: 48841  
 Company Tracking Number: 2011 MED SUP REFUND CALC REPORT  
 TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other  
 Product Name: Medicare Supplement  
 Project Name/Number: Medicare Supplement Refund Calculation Report/Medicare Supplement Refund Calculation Report

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	Medicare Supplement Refund Calculation Accepted for Report	Informational Purposes	No

SERFF Tracking Number: ELCC-127179539 State: Arkansas  
 Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number: 48841  
 Company Tracking Number: 2011 MED SUP REFUND CALC REPORT  
 TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other  
 Product Name: Medicare Supplement  
 Project Name/Number: Medicare Supplement Refund Calculation Report/Medicare Supplement Refund Calculation Report

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Flesch Certification <b>Bypass Reason:</b> Not applicable to this filing. <b>Comments:</b>		
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> Not applicable to this filing. <b>Comments:</b>		
<b>Bypassed - Item:</b> Health - Actuarial Justification <b>Bypass Reason:</b> Not applicable to this filing. <b>Comments:</b>		
<b>Bypassed - Item:</b> Outline of Coverage <b>Bypass Reason:</b> Not applicable to this filing. <b>Comments:</b>		
<b>Satisfied - Item:</b> Medicare Supplement Refund Calculation Report <b>Comments:</b> <b>Attachment:</b> AR Refund Calculation 2010.pdf	Accepted for Informational Purposes	06/02/2011

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

**TYPE** *Individual Medicare Supplement Policy*

**SMSBP (w)** *Benefit Plan A*

**For the State of** *Arkansas*

**Company Name** *Equitable Life & Casualty Insurance Company*

**NAIC Group Code** *000*

**NAIC Company Code** *62952*

**Address** *# 3 Triad Center, Suite 200 / P.O. Box 2460 / Salt Lake City, Utah 84110*

**Person Completing this Exhibit** *R. Kent Ross*

**Title** *Actuarial Technician*

**Telephone Number** *(800) 352-5120*

	(a) Earned Premium (x)	(b) Incurred Claims (y)
1 Current Year's Experience		
a. Total (all policy years)	4,512	1,657
b. Current Years Issues (z)	0	0
c. Net (for reporting purposes = 1a - 1b)	4,512	1,657
2 Past Years' Experience (All Policy Years)	77,275	65,600
3 Total Experience (Net Current Year + Past Years' Experience)	81,787	67,257
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	0.633	
8 Experienced Ratio Since Inception	0.822	
9 Life Years Exposed Since Inception	77.26	
10 Tolerance Permitted (Obtained from Credibility Table)		
11 Adjustment to Incurred Claims for Credibility		
12 Adjusted Incurred Claims		
13 Refund		

Medicare Supplement Credibility Table	
Life Years Exposed	
Since Inception	Tolerance
10,000 +	0.00%
5,000 - 9,999	5.00%
2,500 - 4,999	7.50%
1,000 - 2,499	10.00%
500 - 999	15.00%
If less than 500 no credibility	

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

Signature *Richard E. Klar, Jr.*  
 Name (type) Richard E. Klar, Jr, ASA, MAAA  
 Title Corporate Actuary  
 Date Wednesday, May 18, 2011

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

**TYPE** *Individual Medicare Supplement Policy*

**SMSBP (w)** *Benefit Plan A*

**For the State of** *Arkansas*

**Company Name** *Equitable Life & Casualty Insurance Company*

**NAIC Group Code** *000*

**NAIC Company Code** *62952*

**Address** *# 3 Triad Center, Suite 200 / P.O. Box 2460 / Salt Lake City, Utah 84110*

**Person Completing this Exhibit** *R. Kent Ross*

**Title** *Actuarial Technician*

**Telephone Number** *(800) 352-5120*

(a) Year	(b) Earned Premium	(c) Factor	(d) (b) x (c)	(e) Cumulative Loss Ratio	(f) (d) x (e)	(g) Factor	(h) (b) x (g)	(i) Cumulative Loss Ratio	(j) (h) x (i)	(o) Policy Year Loss Ratio
1	0	2.77	0	0.442	0	0	0	0	0	0.4
2	0	4.175	0	0.493	0	0	0	0	0	0.55
3	0	4.175	0	0.493	0	1.194	0	0.659	0	0.65
4	0	4.175	0	0.493	0	2.245	0	0.669	0	0.67
5	0	4.175	0	0.493	0	3.17	0	0.678	0	0.69
6	0	4.175	0	0.493	0	3.998	0	0.686	0	0.71
7	389	4.175	1,624	0.493	801	4.754	1,850	0.695	1,286	0.73
8	1,836	4.175	7,663	0.493	3,778	5.445	9,994	0.702	7,016	0.75
9	195	4.175	814	0.493	401	6.075	1,185	0.708	839	0.76
10	0	4.175	0	0.493	0	6.65	0	0.713	0	0.76
11	1,465	4.175	6,115	0.493	3,015	7.176	10,511	0.717	7,536	0.76
12	0	4.175	0	0.493	0	7.655	0	0.72	0	0.77
13	442	4.175	1,844	0.493	909	8.093	3,575	0.723	2,585	0.77
14	512	4.175	2,136	0.493	1,053	8.493	4,344	0.725	3,150	0.77
15+	1,403	4.175	5,856	0.493	2,887	8.684	12,180	0.725	8,830	0.77
Total	6,240	(k):	26,053	(l):	12,844	(m):	43,639	(n):	31,241	

Benchmark Ratio Since Inception:  $(l+n)/(k+m)$ : 0.633

- (a): 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.
- (b): For the calendar year on the appropriate line in column (a), the premium earned during that year for policies issued in that year.
- (o): These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios on a policy year basis which result in the cumulative loss ratios displayed on this worksheet. These are shown for information purposes only.
- (p): "SMSBP" = Standardized Medicare Supplement Benefit Plan.

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

**TYPE** *Individual Medicare Supplement Policy*

**SMSBP (w)** *Benefit Plan B*

**For the State of** *Arkansas*

**Company Name** *Equitable Life & Casualty Insurance Company*

**NAIC Group Code** *000*

**NAIC Company Code** *62952*

**Address** *# 3 Triad Center, Suite 200 / P.O. Box 2460 / Salt Lake City, Utah 84110*

**Person Completing this Exhibit** *R. Kent Ross*

**Title** *Actuarial Technician*

**Telephone Number** *(800) 352-5120*

	(a) Earned Premium (x)	(b) Incurred Claims (y)
1 Current Year's Experience		
a. Total (all policy years)	8,134	5,630
b. Current Years Issues (z)	0	0
c. Net (for reporting purposes = 1a - 1b)	8,134	5,630
2 Past Years' Experience (All Policy Years)	1,385,737	1,097,296
3 Total Experience (Net Current Year + Past Years' Experience)	1,393,871	1,102,926
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	0.647	
8 Experienced Ratio Since Inception	0.791	
9 Life Years Exposed Since Inception	1,199.66	
10 Tolerance Permitted (Obtained from Credibility Table)		
11 Adjustment to Incurred Claims for Credibility		
12 Adjusted Incurred Claims		
13 Refund		

Medicare Supplement Credibility Table	
Life Years Exposed	
Since Inception	Tolerance
10,000 +	0.00%
5,000 - 9,999	5.00%
2,500 - 4,999	7.50%
1,000 - 2,499	10.00%
500 - 999	15.00%
If less than 500 no credibility	

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

Signature *Richard E. Klar, Jr.*  
Name (type) Richard E. Klar, Jr, ASA, MAAA  
Title Corporate Actuary  
Date Wednesday, May 18, 2011

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

**TYPE** *Individual Medicare Supplement Policy*

**SMSBP (w)** *Benefit Plan B*

**For the State of** *Arkansas*

**Company Name** *Equitable Life & Casualty Insurance Company*

**NAIC Group Code** *000*

**NAIC Company Code** *62952*

**Address** *# 3 Triad Center, Suite 200 / P.O. Box 2460 / Salt Lake City, Utah 84110*

**Person Completing this Exhibit** *R. Kent Ross*

**Title** *Actuarial Technician*

**Telephone Number** *(800) 352-5120*

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(o)
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	2.77	0	0.442	0	0	0	0	0	0.4
2	0	4.175	0	0.493	0	0	0	0	0	0.55
3	0	4.175	0	0.493	0	1.194	0	0.659	0	0.65
4	0	4.175	0	0.493	0	2.245	0	0.669	0	0.67
5	0	4.175	0	0.493	0	3.17	0	0.678	0	0.69
6	1,906	4.175	7,958	0.493	3,923	3.998	7,621	0.686	5,228	0.71
7	0	4.175	0	0.493	0	4.754	0	0.695	0	0.73
8	0	4.175	0	0.493	0	5.445	0	0.702	0	0.75
9	708	4.175	2,958	0.493	1,458	6.075	4,303	0.708	3,047	0.76
10	551	4.175	2,300	0.493	1,134	6.65	3,664	0.713	2,612	0.76
11	7,013	4.175	29,280	0.493	14,435	7.176	50,327	0.717	36,084	0.76
12	4,222	4.175	17,628	0.493	8,691	7.655	32,322	0.72	23,272	0.77
13	8,108	4.175	33,852	0.493	16,689	8.093	65,619	0.723	47,443	0.77
14	11,360	4.175	47,427	0.493	23,381	8.493	96,478	0.725	69,946	0.77
15+	96,657	4.175	403,541	0.493	198,946	8.684	839,365	0.725	608,540	0.77
Total	130,525	(k):	544,944	(l):	268,657	(m):	1,099,699	(n):	796,172	

Benchmark Ratio Since Inception:  $(l+n)/(k+m)$ : 0.647

- (a): 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.
- (b): For the calendar year on the appropriate line in column (a), the premium earned during that year for policies issued in that year.
- (o): These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios on a policy year basis which result in the cumulative loss ratios displayed on this worksheet. These are shown for information purposes only.
- (p): "SMSBP" = Standardized Medicare Supplement Benefit Plan.

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

**TYPE** *Individual Medicare Supplement Policy*

**SMSBP (w)** *Benefit Plan C*

**For the State of** *Arkansas*

**Company Name** *Equitable Life & Casualty Insurance Company*

**NAIC Group Code** *000*

**NAIC Company Code** *62952*

**Address** *# 3 Triad Center, Suite 200 / P.O. Box 2460 / Salt Lake City, Utah 84110*

**Person Completing this Exhibit** *R. Kent Ross*

**Title** *Actuarial Technician*

**Telephone Number** *(800) 352-5120*

	(a) Earned Premium (x)	(b) Incurred Claims (y)
1 Current Year's Experience		
a. Total (all policy years)	13,435	15,829
b. Current Years Issues (z)	0	0
c. Net (for reporting purposes = 1a - 1b)	13,435	15,829
2 Past Years' Experience (All Policy Years)	1,763,188	1,531,879
3 Total Experience (Net Current Year + Past Years' Experience)	1,776,622	1,547,708
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	0.646	
8 Experienced Ratio Since Inception	0.871	
9 Life Years Exposed Since Inception	1,125.92	
10 Tolerance Permitted (Obtained from Credibility Table)		
11 Adjustment to Incurred Claims for Credibility		
12 Adjusted Incurred Claims		
13 Refund		

Medicare Supplement Credibility Table	
Life Years Exposed	
Since Inception	Tolerance
10,000 +	0.00%
5,000 - 9,999	5.00%
2,500 - 4,999	7.50%
1,000 - 2,499	10.00%
500 - 999	15.00%
If less than 500 no credibility	

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

Signature *Richard E. Klar, Jr.*  
 Name (type) Richard E. Klar, Jr, ASA, MAAA  
 Title Corporate Actuary  
 Date Wednesday, May 18, 2011

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

**TYPE** *Individual Medicare Supplement Policy*

**SMSBP (w)** *Benefit Plan C*

**For the State of** *Arkansas*

**Company Name** *Equitable Life & Casualty Insurance Company*

**NAIC Group Code** *000*

**NAIC Company Code** *62952*

**Address** *# 3 Triad Center, Suite 200 / P.O. Box 2460 / Salt Lake City, Utah 84110*

**Person Completing this Exhibit** *R. Kent Ross*

**Title** *Actuarial Technician*

**Telephone Number** *(800) 352-5120*

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(o)
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	2.77	0	0.442	0	0	0	0	0	0.4
2	0	4.175	0	0.493	0	0	0	0	0	0.55
3	0	4.175	0	0.493	0	1.194	0	0.659	0	0.65
4	0	4.175	0	0.493	0	2.245	0	0.669	0	0.67
5	0	4.175	0	0.493	0	3.17	0	0.678	0	0.69
6	0	4.175	0	0.493	0	3.998	0	0.686	0	0.71
7	0	4.175	0	0.493	0	4.754	0	0.695	0	0.73
8	0	4.175	0	0.493	0	5.445	0	0.702	0	0.75
9	0	4.175	0	0.493	0	6.075	0	0.708	0	0.76
10	371	4.175	1,549	0.493	764	6.65	2,467	0.713	1,759	0.76
11	21,885	4.175	91,370	0.493	45,045	7.176	157,047	0.717	112,603	0.76
12	10,233	4.175	42,722	0.493	21,062	7.655	78,332	0.72	56,399	0.77
13	27,748	4.175	115,847	0.493	57,113	8.093	224,563	0.723	162,359	0.77
14	12,958	4.175	54,099	0.493	26,671	8.493	110,051	0.725	79,787	0.77
15+	87,146	4.175	363,836	0.493	179,371	8.684	756,779	0.725	548,665	0.77
Total	160,341	(k):	669,423	(l):	330,026	(m):	1,329,239	(n):	961,572	

Benchmark Ratio Since Inception:  $(l+n)/(k+m)$ : 0.646

- (a): 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.
- (b): For the calendar year on the appropriate line in column (a), the premium earned during that year for policies issued in that year.
- (o): These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios on a policy year basis which result in the cumulative loss ratios displayed on this worksheet. These are shown for information purposes only.
- (p): "SMSBP" = Standardized Medicare Supplement Benefit Plan.

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

**TYPE** *Individual Medicare Supplement Policy*

**SMSBP (w)** *Benefit Plan D*

**For the State of** *Arkansas*

**Company Name** *Equitable Life & Casualty Insurance Company*

**NAIC Group Code** *000*

**NAIC Company Code** *62952*

**Address** *# 3 Triad Center, Suite 200 / P.O. Box 2460 / Salt Lake City, Utah 84110*

**Person Completing this Exhibit** *R. Kent Ross*

**Title** *Actuarial Technician*

**Telephone Number** *(800) 352-5120*

	(a) Earned Premium (x)	(b) Incurred Claims (y)
1 Current Year's Experience		
a. Total (all policy years)	16,436	8,039
b. Current Years Issues (z)	0	0
c. Net (for reporting purposes = 1a - 1b)	16,436	8,039
2 Past Years' Experience (All Policy Years)	900,873	753,077
3 Total Experience (Net Current Year + Past Years' Experience)	917,308	761,116
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	0.632	
8 Experienced Ratio Since Inception	0.830	
9 Life Years Exposed Since Inception	497.86	
10 Tolerance Permitted (Obtained from Credibility Table)		
11 Adjustment to Incurred Claims for Credibility		
12 Adjusted Incurred Claims		
13 Refund		

Medicare Supplement Credibility Table	
Life Years Exposed	
Since Inception	Tolerance
10,000 +	0.00%
5,000 - 9,999	5.00%
2,500 - 4,999	7.50%
1,000 - 2,499	10.00%
500 - 999	15.00%
If less than 500 no credibility	

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

Signature *Richard E. Klar, Jr.*  
 Name (type) Richard E. Klar, Jr, ASA, MAAA  
 Title Corporate Actuary  
 Date Wednesday, May 18, 2011

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

**TYPE** *Individual Medicare Supplement Policy*

**SMSBP (w)** *Benefit Plan D*

**For the State of** *Arkansas*

**Company Name** *Equitable Life & Casualty Insurance Company*

**NAIC Group Code** *000*

**NAIC Company Code** *62952*

**Address** *# 3 Triad Center, Suite 200 / P.O. Box 2460 / Salt Lake City, Utah 84110*

**Person Completing this Exhibit** *R. Kent Ross*

**Title** *Actuarial Technician*

**Telephone Number** *(800) 352-5120*

(a) Year	(b) Earned Premium	(c) Factor	(d) (b) x (c)	(e) Cumulative Loss Ratio	(f) (d) x (e)	(g) Factor	(h) (b) x (g)	(i) Cumulative Loss Ratio	(j) (h) x (i)	(o) Policy Year Loss Ratio
1	0	2.77	0	0.442	0	0	0	0	0	0.4
2	0	4.175	0	0.493	0	0	0	0	0	0.55
3	0	4.175	0	0.493	0	1.194	0	0.659	0	0.65
4	0	4.175	0	0.493	0	2.245	0	0.669	0	0.67
5	0	4.175	0	0.493	0	3.17	0	0.678	0	0.69
6	0	4.175	0	0.493	0	3.998	0	0.686	0	0.71
7	1,523	4.175	6,358	0.493	3,135	4.754	7,240	0.695	5,032	0.73
8	3,741	4.175	15,619	0.493	7,700	5.445	20,370	0.702	14,299	0.75
9	4,704	4.175	19,637	0.493	9,681	6.075	28,574	0.708	20,230	0.76
10	22,576	4.175	94,254	0.493	46,467	6.65	150,129	0.713	107,042	0.76
11	12,275	4.175	51,249	0.493	25,266	7.176	88,087	0.717	63,159	0.76
12	13,332	4.175	55,661	0.493	27,441	7.655	102,056	0.72	73,481	0.77
13	766	4.175	3,196	0.493	1,576	8.093	6,196	0.723	4,480	0.77
14	89	4.175	372	0.493	183	8.493	757	0.725	549	0.77
15+	5,303	4.175	22,140	0.493	10,915	8.684	46,052	0.725	33,388	0.77
Total	64,308	(k):	268,487	(l):	132,364	(m):	449,461	(n):	321,659	

Benchmark Ratio Since Inception: (l+n)/(k+m): 0.632

- (a): 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.
- (b): For the calendar year on the appropriate line in column (a), the premium earned during that year for policies issued in that year.
- (o): These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios on a policy year basis which result in the cumulative loss ratios displayed on this worksheet. These are shown for information purposes only.
- (p): "SMSBP" = Standardized Medicare Supplement Benefit Plan.

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

**TYPE** *Individual Medicare Supplement Policy*

**SMSBP (w)** *Benefit Plan E*

**For the State of** *Arkansas*

**Company Name** *Equitable Life & Casualty Insurance Company*

**NAIC Group Code** *000*

**NAIC Company Code** *62952*

**Address** *# 3 Triad Center, Suite 200 / P.O. Box 2460 / Salt Lake City, Utah 84110*

**Person Completing this Exhibit** *R. Kent Ross*

**Title** *Actuarial Technician*

**Telephone Number** *(800) 352-5120*

	(a) Earned Premium (x)	(b) Incurred Claims (y)
1 Current Year's Experience		
a. Total (all policy years)	0	0
b. Current Years Issues (z)	0	0
c. Net (for reporting purposes = 1a - 1b)	0	0
2 Past Years' Experience (All Policy Years)	19,618	18,954
3 Total Experience (Net Current Year + Past Years' Experience)	19,618	18,954
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	0.648	
8 Experienced Ratio Since Inception	0.966	
9 Life Years Exposed Since Inception	10.92	
10 Tolerance Permitted (Obtained from Credibility Table)		
11 Adjustment to Incurred Claims for Credibility		
12 Adjusted Incurred Claims		
13 Refund		

Medicare Supplement Credibility Table	
Life Years Exposed	
Since Inception	Tolerance
10,000 +	0.00%
5,000 - 9,999	5.00%
2,500 - 4,999	7.50%
1,000 - 2,499	10.00%
500 - 999	15.00%
If less than 500 no credibility	

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

Signature *Richard E. Klar, Jr.*  
 Name (type) Richard E. Klar, Jr, ASA, MAAA  
 Title Corporate Actuary  
 Date Wednesday, May 18, 2011

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

**TYPE** *Individual Medicare Supplement Policy*

**SMSBP (w)** *Benefit Plan E*

**For the State of** *Arkansas*

**Company Name** *Equitable Life & Casualty Insurance Company*

**NAIC Group Code** *000*

**NAIC Company Code** *62952*

**Address** *# 3 Triad Center, Suite 200 / P.O. Box 2460 / Salt Lake City, Utah 84110*

**Person Completing this Exhibit** *R. Kent Ross*

**Title** *Actuarial Technician*

**Telephone Number** *(800) 352-5120*

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(o)
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	2.77	0	0.442	0	0	0	0	0	0.4
2	0	4.175	0	0.493	0	0	0	0	0	0.55
3	0	4.175	0	0.493	0	1.194	0	0.659	0	0.65
4	0	4.175	0	0.493	0	2.245	0	0.669	0	0.67
5	0	4.175	0	0.493	0	3.17	0	0.678	0	0.69
6	0	4.175	0	0.493	0	3.998	0	0.686	0	0.71
7	0	4.175	0	0.493	0	4.754	0	0.695	0	0.73
8	0	4.175	0	0.493	0	5.445	0	0.702	0	0.75
9	0	4.175	0	0.493	0	6.075	0	0.708	0	0.76
10	0	4.175	0	0.493	0	6.65	0	0.713	0	0.76
11	0	4.175	0	0.493	0	7.176	0	0.717	0	0.76
12	0	4.175	0	0.493	0	7.655	0	0.72	0	0.77
13	405	4.175	1,691	0.493	834	8.093	3,278	0.723	2,370	0.77
14	0	4.175	0	0.493	0	8.493	0	0.725	0	0.77
15+	810	4.175	3,382	0.493	1,667	8.684	7,034	0.725	5,100	0.77
Total	1,215	(k):	5,073	(l):	2,501	(m):	10,312	(n):	7,469	

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

- (a): 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.
- (b): For the calendar year on the appropriate line in column (a), the premium earned during that year for policies issued in that year.
- (o): These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios on a policy year basis which result in the cumulative loss ratios displayed on this worksheet. These are shown for information purposes only.
- (p): "SMSBP" = Standardized Medicare Supplement Benefit Plan.

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

**TYPE** *Individual Medicare Supplement Policy*

**SMSBP (w)** *Benefit Plan F*

**For the State of** *Arkansas*

**Company Name** *Equitable Life & Casualty Insurance Company*

**NAIC Group Code** *000*

**NAIC Company Code** *62952*

**Address** *# 3 Triad Center, Suite 200 / P.O. Box 2460 / Salt Lake City, Utah 84110*

**Person Completing this Exhibit** *R. Kent Ross*

**Title** *Actuarial Technician*

**Telephone Number** *(800) 352-5120*

	(a) Earned Premium (x)	(b) Incurred Claims (y)
1 Current Year's Experience		
a. Total (all policy years)	49,680	15,351
b. Current Years Issues (z)	475	0
c. Net (for reporting purposes = 1a - 1b)	49,205	15,351
2 Past Years' Experience (All Policy Years)	3,216,041	2,560,010
3 Total Experience (Net Current Year + Past Years' Experience)	3,265,246	2,575,361
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	0.648	
8 Experienced Ratio Since Inception	0.789	
9 Life Years Exposed Since Inception	1,927.17	
10 Tolerance Permitted (Obtained from Credibility Table)		
11 Adjustment to Incurred Claims for Credibility		
12 Adjusted Incurred Claims		
13 Refund		

Medicare Supplement Credibility Table	
Life Years Exposed	
Since Inception	Tolerance
10,000 +	0.00%
5,000 - 9,999	5.00%
2,500 - 4,999	7.50%
1,000 - 2,499	10.00%
500 - 999	15.00%
If less than 500 no credibility	

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

Signature *Richard E. Klar, Jr.*  
Name (type) Richard E. Klar, Jr, ASA, MAAA  
Title Corporate Actuary  
Date Wednesday, May 18, 2011

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

**TYPE** *Individual Medicare Supplement Policy*

**SMSBP (w)** *Benefit Plan F*

**For the State of** *Arkansas*

**Company Name** *Equitable Life & Casualty Insurance Company*

**NAIC Group Code** *000*

**NAIC Company Code** *62952*

**Address** *# 3 Triad Center, Suite 200 / P.O. Box 2460 / Salt Lake City, Utah 84110*

**Person Completing this Exhibit** *R. Kent Ross*

**Title** *Actuarial Technician*

**Telephone Number** *(800) 352-5120*

(a) Year	(b) Earned Premium	(c) Factor	(d) (b) x (c)	(e) Cumulative Loss Ratio	(f) (d) x (e)	(g) Factor	(h) (b) x (g)	(i) Cumulative Loss Ratio	(j) (h) x (i)	(o) Policy Year Loss Ratio
1	0	2.77	0	0.442	0	0	0	0	0	0.4
2	0	4.175	0	0.493	0	0	0	0	0	0.55
3	0	4.175	0	0.493	0	1.194	0	0.659	0	0.65
4	0	4.175	0	0.493	0	2.245	0	0.669	0	0.67
5	0	4.175	0	0.493	0	3.17	0	0.678	0	0.69
6	0	4.175	0	0.493	0	3.998	0	0.686	0	0.71
7	0	4.175	0	0.493	0	4.754	0	0.695	0	0.73
8	2,622	4.175	10,947	0.493	5,397	5.445	14,277	0.702	10,022	0.75
9	0	4.175	0	0.493	0	6.075	0	0.708	0	0.76
10	10,525	4.175	43,941	0.493	21,663	6.65	69,990	0.713	49,903	0.76
11	11,767	4.175	49,127	0.493	24,220	7.176	84,440	0.717	60,544	0.76
12	9,702	4.175	40,507	0.493	19,970	7.655	74,271	0.72	53,475	0.77
13	9,297	4.175	38,816	0.493	19,136	8.093	75,242	0.723	54,400	0.77
14	13,217	4.175	55,183	0.493	27,205	8.493	112,255	0.725	81,385	0.77
15+	252,784	4.175	1,055,372	0.493	520,299	8.684	2,195,175	0.725	1,591,502	0.77
Total	309,914	(k):	1,293,893	(l):	637,889	(m):	2,625,649	(n):	1,901,230	

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

- (a): 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.
- (b): For the calendar year on the appropriate line in column (a), the premium earned during that year for policies issued in that year.
- (o): These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios on a policy year basis which result in the cumulative loss ratios displayed on this worksheet. These are shown for information purposes only.
- (p): "SMSBP" = Standardized Medicare Supplement Benefit Plan.

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

**TYPE** *Individual Medicare Supplement Policy*

**SMSBP (w)** *Benefit Plan G*

**For the State of** *Arkansas*

**Company Name** *Equitable Life & Casualty Insurance Company*

**NAIC Group Code** *000*

**NAIC Company Code** *62952*

**Address** *# 3 Triad Center, Suite 200 / P.O. Box 2460 / Salt Lake City, Utah 84110*

**Person Completing this Exhibit** *R. Kent Ross*

**Title** *Actuarial Technician*

**Telephone Number** *(800) 352-5120*

	(a) Earned Premium (x)	(b) Incurred Claims (y)
1 Current Year's Experience		
a. Total (all policy years)	594	2,475
b. Current Years Issues (z)	0	0
c. Net (for reporting purposes = 1a - 1b)	594	2,475
2 Past Years' Experience (All Policy Years)	152,336	120,926
3 Total Experience (Net Current Year + Past Years' Experience)	152,930	123,401
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	0.631	
8 Experienced Ratio Since Inception	0.807	
9 Life Years Exposed Since Inception	73.58	
10 Tolerance Permitted (Obtained from Credibility Table)		
11 Adjustment to Incurred Claims for Credibility		
12 Adjusted Incurred Claims		
13 Refund		

Medicare Supplement Credibility Table	
Life Years Exposed	
Since Inception	Tolerance
10,000 +	0.00%
5,000 - 9,999	5.00%
2,500 - 4,999	7.50%
1,000 - 2,499	10.00%
500 - 999	15.00%
If less than 500 no credibility	

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

Signature *Richard E. Klar, Jr.*  
 Name (type) Richard E. Klar, Jr, ASA, MAAA  
 Title Corporate Actuary  
 Date Wednesday, May 18, 2011

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

**TYPE** *Individual Medicare Supplement Policy*

**SMSBP (w)** *Benefit Plan G*

**For the State of** *Arkansas*

**Company Name** *Equitable Life & Casualty Insurance Company*

**NAIC Group Code** *000*

**NAIC Company Code** *62952*

**Address** *# 3 Triad Center, Suite 200 / P.O. Box 2460 / Salt Lake City, Utah 84110*

**Person Completing this Exhibit** *R. Kent Ross*

**Title** *Actuarial Technician*

**Telephone Number** *(800) 352-5120*

(a) Year	(b) Earned Premium	(c) Factor	(d) (b) x (c)	(e) Cumulative Loss Ratio	(f) (d) x (e)	(g) Factor	(h) (b) x (g)	(i) Cumulative Loss Ratio	(j) (h) x (i)	(o) Policy Year Loss Ratio
1	0	2.77	0	0.442	0	0	0	0	0	0.4
2	0	4.175	0	0.493	0	0	0	0	0	0.55
3	0	4.175	0	0.493	0	1.194	0	0.659	0	0.65
4	0	4.175	0	0.493	0	2.245	0	0.669	0	0.67
5	0	4.175	0	0.493	0	3.17	0	0.678	0	0.69
6	0	4.175	0	0.493	0	3.998	0	0.686	0	0.71
7	0	4.175	0	0.493	0	4.754	0	0.695	0	0.73
8	0	4.175	0	0.493	0	5.445	0	0.702	0	0.75
9	2,082	4.175	8,693	0.493	4,286	6.075	12,649	0.708	8,956	0.76
10	3,543	4.175	14,793	0.493	7,293	6.65	23,562	0.713	16,800	0.76
11	4,202	4.175	17,543	0.493	8,649	7.176	30,154	0.717	21,620	0.76
12	0	4.175	0	0.493	0	7.655	0	0.72	0	0.77
13	239	4.175	997	0.493	491	8.093	1,932	0.723	1,397	0.77
14	0	4.175	0	0.493	0	8.493	0	0.725	0	0.77
15+	334	4.175	1,395	0.493	688	8.684	2,903	0.725	2,104	0.77
Total	10,400	(k):	43,422	(l):	21,407	(m):	71,200	(n):	50,877	

Benchmark Ratio Since Inception:  $(l+n)/(k+m)$ : 0.631

- (a): 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.
- (b): For the calendar year on the appropriate line in column (a), the premium earned during that year for policies issued in that year.
- (o): These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios on a policy year basis which result in the cumulative loss ratios displayed on this worksheet. These are shown for information purposes only.
- (p): "SMSBP" = Standardized Medicare Supplement Benefit Plan.

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

**TYPE** *Individual Medicare Supplement Policy*

**SMSBP (w)** *Benefit Plan H*

**For the State of** *Arkansas*

**Company Name** *Equitable Life & Casualty Insurance Company*

**NAIC Group Code** *000*

**NAIC Company Code** *62952*

**Address** *# 3 Triad Center, Suite 200 / P.O. Box 2460 / Salt Lake City, Utah 84110*

**Person Completing this Exhibit** *R. Kent Ross*

**Title** *Actuarial Technician*

**Telephone Number** *(800) 352-5120*

	(a) Earned Premium (x)	(b) Incurred Claims (y)
1 Current Year's Experience		
a. Total (all policy years)	0	0
b. Current Years Issues (z)	0	0
c. Net (for reporting purposes = 1a - 1b)	0	0
2 Past Years' Experience (All Policy Years)	0	0
3 Total Experience (Net Current Year + Past Years' 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	0.000	
8 Experienced Ratio Since Inception	0.000	
9 Life Years Exposed Since Inception	0.00	
10 Tolerance Permitted (Obtained from Credibility Table)		
11 Adjustment to Incurred Claims for Credibility		
12 Adjusted Incurred Claims		
13 Refund		

Medicare Supplement Credibility Table	
Life Years Exposed	
Since Inception	Tolerance
10,000 +	0.00%
5,000 - 9,999	5.00%
2,500 - 4,999	7.50%
1,000 - 2,499	10.00%
500 - 999	15.00%
If less than 500 no credibility	

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

Signature *Richard E. Klar, Jr.*  
Name (type) Richard E. Klar, Jr, ASA, MAAA  
Title Corporate Actuary  
Date Wednesday, May 18, 2011

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

**TYPE** *Individual Medicare Supplement Policy*

**SMSBP (w)** *Benefit Plan H*

**For the State of** *Arkansas*

**Company Name** *Equitable Life & Casualty Insurance Company*

**NAIC Group Code** *000*

**NAIC Company Code** *62952*

**Address** *# 3 Triad Center, Suite 200 / P.O. Box 2460 / Salt Lake City, Utah 84110*

**Person Completing this Exhibit** *R. Kent Ross*

**Title** *Actuarial Technician*

**Telephone Number** *(800) 352-5120*

(a) Year	(b) Earned Premium	(c) Factor	(d) (b) x (c)	(e) Cumulative Loss Ratio	(f) (d) x (e)	(g) Factor	(h) (b) x (g)	(i) Cumulative Loss Ratio	(j) (h) x (i)	(o) Policy Year Loss Ratio
1	0	2.77	0	0.442	0	0	0	0	0	0.4
2	0	4.175	0	0.493	0	0	0	0	0	0.55
3	0	4.175	0	0.493	0	1.194	0	0.659	0	0.65
4	0	4.175	0	0.493	0	2.245	0	0.669	0	0.67
5	0	4.175	0	0.493	0	3.17	0	0.678	0	0.69
6	0	4.175	0	0.493	0	3.998	0	0.686	0	0.71
7	0	4.175	0	0.493	0	4.754	0	0.695	0	0.73
8	0	4.175	0	0.493	0	5.445	0	0.702	0	0.75
9	0	4.175	0	0.493	0	6.075	0	0.708	0	0.76
10	0	4.175	0	0.493	0	6.65	0	0.713	0	0.76
11	0	4.175	0	0.493	0	7.176	0	0.717	0	0.76
12	0	4.175	0	0.493	0	7.655	0	0.72	0	0.77
13	0	4.175	0	0.493	0	8.093	0	0.723	0	0.77
14	0	4.175	0	0.493	0	8.493	0	0.725	0	0.77
15+	0	4.175	0	0.493	0	8.684	0	0.725	0	0.77
Total	0	(k):	0	(l):	0	(m):	0	(n):	0	

Benchmark Ratio Since Inception: (l+n)/(k+m): 0.000

- (a): Year 1 is the current calendar year - 1.  
Year 2 is the current calendar year - 2 (etc).  
Example: If the current year is 1991, then year 1 is 1990, year 2 is 1989.
- (b): For the calendar year on the appropriate line in column (a), the premium earned during that year for policies issued in that year.
- (o): These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios on a policy year basis which result in the cumulative loss ratios displayed on this worksheet. These are shown for information purposes only.
- (p): "SMSBP" = Standardized Medicare Supplement Benefit Plan.

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

**TYPE** *Individual Medicare Supplement Policy*

**SMSBP (w)** *Benefit Plan I*

**For the State of** *Arkansas*

**Company Name** *Equitable Life & Casualty Insurance Company*

**NAIC Group Code** *000*

**NAIC Company Code** *62952*

**Address** *# 3 Triad Center, Suite 200 / P.O. Box 2460 / Salt Lake City, Utah 84110*

**Person Completing this Exhibit** *R. Kent Ross*

**Title** *Actuarial Technician*

**Telephone Number** *(800) 352-5120*

	(a) Earned Premium (x)	(b) Incurred Claims (y)
1 Current Year's Experience		
a. Total (all policy years)	0	0
b. Current Years Issues (z)	0	0
c. Net (for reporting purposes = 1a - 1b)	0	0
2 Past Years' Experience (All Policy Years)	0	0
3 Total Experience (Net Current Year + Past Years' 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	0.000	
8 Experienced Ratio Since Inception	0.000	
9 Life Years Exposed Since Inception	0.00	
10 Tolerance Permitted (Obtained from Credibility Table)		
11 Adjustment to Incurred Claims for Credibility		
12 Adjusted Incurred Claims		
13 Refund		

Medicare Supplement Credibility Table	
Life Years Exposed	
Since Inception	Tolerance
10,000 +	0.00%
5,000 - 9,999	5.00%
2,500 - 4,999	7.50%
1,000 - 2,499	10.00%
500 - 999	15.00%
If less than 500 no credibility	

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

Signature *Richard E. Klar, Jr.*  
 Name (type) Richard E. Klar, Jr, ASA, MAAA  
 Title Corporate Actuary  
 Date Wednesday, May 18, 2011

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

**TYPE** *Individual Medicare Supplement Policy*

**SMSBP (w)** *Benefit Plan I*

**For the State of** *Arkansas*

**Company Name** *Equitable Life & Casualty Insurance Company*

**NAIC Group Code** *000*

**NAIC Company Code** *62952*

**Address** *# 3 Triad Center, Suite 200 / P.O. Box 2460 / Salt Lake City, Utah 84110*

**Person Completing this Exhibit** *R. Kent Ross*

**Title** *Actuarial Technician*

**Telephone Number** *(800) 352-5120*

(a) Year	(b) Earned Premium	(c) Factor	(d) (b) x (c)	(e) Cumulative Loss Ratio	(f) (d) x (e)	(g) Factor	(h) (b) x (g)	(i) Cumulative Loss Ratio	(j) (h) x (i)	(o) Policy Year Loss Ratio
1	0	2.77	0	0.442	0	0	0	0	0	0.4
2	0	4.175	0	0.493	0	0	0	0	0	0.55
3	0	4.175	0	0.493	0	1.194	0	0.659	0	0.65
4	0	4.175	0	0.493	0	2.245	0	0.669	0	0.67
5	0	4.175	0	0.493	0	3.17	0	0.678	0	0.69
6	0	4.175	0	0.493	0	3.998	0	0.686	0	0.71
7	0	4.175	0	0.493	0	4.754	0	0.695	0	0.73
8	0	4.175	0	0.493	0	5.445	0	0.702	0	0.75
9	0	4.175	0	0.493	0	6.075	0	0.708	0	0.76
10	0	4.175	0	0.493	0	6.65	0	0.713	0	0.76
11	0	4.175	0	0.493	0	7.176	0	0.717	0	0.76
12	0	4.175	0	0.493	0	7.655	0	0.72	0	0.77
13	0	4.175	0	0.493	0	8.093	0	0.723	0	0.77
14	0	4.175	0	0.493	0	8.493	0	0.725	0	0.77
15+	0	4.175	0	0.493	0	8.684	0	0.725	0	0.77
Total	0	(k):	0	(l):	0	(m):	0	(n):	0	

Benchmark Ratio Since Inception: (l+n)/(k+m): 0.000

- (a): Year 1 is the current calendar year - 1.  
Year 2 is the current calendar year - 2 (etc).  
Example: If the current year is 1991, then year 1 is 1990, year 2 is 1989.
- (b): For the calendar year on the appropriate line in column (a), the premium earned during that year for policies issued in that year.
- (o): These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios on a policy year basis which result in the cumulative loss ratios displayed on this worksheet. These are shown for information purposes only.
- (p): "SMSBP" = Standardized Medicare Supplement Benefit Plan.

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

**TYPE** *Individual Medicare Supplement Policy*

**SMSBP (w)** *Benefit Plan J*

**For the State of** *Arkansas*

**Company Name** *Equitable Life & Casualty Insurance Company*

**NAIC Group Code** *000*

**NAIC Company Code** *62952*

**Address** *# 3 Triad Center, Suite 200 / P.O. Box 2460 / Salt Lake City, Utah 84110*

**Person Completing this Exhibit** *R. Kent Ross*

**Title** *Actuarial Technician*

**Telephone Number** *(800) 352-5120*

	(a) Earned Premium (x)	(b) Incurred Claims (y)
1 Current Year's Experience		
a. Total (all policy years)	0	0
b. Current Years Issues (z)	0	0
c. Net (for reporting purposes = 1a - 1b)	0	0
2 Past Years' Experience (All Policy Years)	65,016	63,757
3 Total Experience (Net Current Year + Past Years' Experience)	65,016	63,757
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	0.616	
8 Experienced Ratio Since Inception	0.981	
9 Life Years Exposed Since Inception	20.34	
10 Tolerance Permitted (Obtained from Credibility Table)		
11 Adjustment to Incurred Claims for Credibility		
12 Adjusted Incurred Claims		
13 Refund		

Medicare Supplement Credibility Table	
Life Years Exposed	
Since Inception	Tolerance
10,000 +	0.00%
5,000 - 9,999	5.00%
2,500 - 4,999	7.50%
1,000 - 2,499	10.00%
500 - 999	15.00%
If less than 500 no credibility	

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

Signature *Richard E. Klar, Jr.*  
 Name (type) Richard E. Klar, Jr, ASA, MAAA  
 Title Corporate Actuary  
 Date Wednesday, May 18, 2011

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

**TYPE** *Individual Medicare Supplement Policy*

**SMSBP (w)** *Benefit Plan J*

**For the State of** *Arkansas*

**Company Name** *Equitable Life & Casualty Insurance Company*

**NAIC Group Code** *000*

**NAIC Company Code** *62952*

**Address** *# 3 Triad Center, Suite 200 / P.O. Box 2460 / Salt Lake City, Utah 84110*

**Person Completing this Exhibit** *R. Kent Ross*

**Title** *Actuarial Technician*

**Telephone Number** *(800) 352-5120*

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(o)
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	2.77	0	0.442	0	0	0	0	0	0.4
2	0	4.175	0	0.493	0	0	0	0	0	0.55
3	0	4.175	0	0.493	0	1.194	0	0.659	0	0.65
4	0	4.175	0	0.493	0	2.245	0	0.669	0	0.67
5	0	4.175	0	0.493	0	3.17	0	0.678	0	0.69
6	0	4.175	0	0.493	0	3.998	0	0.686	0	0.71
7	0	4.175	0	0.493	0	4.754	0	0.695	0	0.73
8	3,821	4.175	15,953	0.493	7,865	5.445	20,806	0.702	14,606	0.75
9	1,883	4.175	7,862	0.493	3,876	6.075	11,440	0.708	8,100	0.76
10	434	4.175	1,812	0.493	893	6.65	2,886	0.713	2,058	0.76
11	0	4.175	0	0.493	0	7.176	0	0.717	0	0.76
12	0	4.175	0	0.493	0	7.655	0	0.72	0	0.77
13	0	4.175	0	0.493	0	8.093	0	0.723	0	0.77
14	0	4.175	0	0.493	0	8.493	0	0.725	0	0.77
15+	109	4.175	453	0.493	223	8.684	942	0.725	683	0.77
Total	6,247	(k):	26,080	(l):	12,858	(m):	36,074	(n):	25,446	

Benchmark Ratio Since Inception:  $(l+n)/(k+m)$ : 0.616

- (a): 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.
- (b): For the calendar year on the appropriate line in column (a), the premium earned during that year for policies issued in that year.
- (o): These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios on a policy year basis which result in the cumulative loss ratios displayed on this worksheet. These are shown for information purposes only.
- (p): "SMSBP" = Standardized Medicare Supplement Benefit Plan.

## MEDICARE SUPPLEMENT REFUND CALCULATION FORM FOR CALENDAR YEAR 2010

**TYPE** *Individual Medicare Supplement Policy*

**SMSBP (w)** *Benefit Plan L*

**For the State of** *Arkansas*

**Company Name** *Equitable Life & Casualty Insurance Company*

**NAIC Group Code** *000*

**NAIC Company Code** *62952*

**Address** *# 3 Triad Center, Suite 200 / P.O. Box 2460 / Salt Lake City, Utah 84110*

**Person Completing this Exhibit** *R. Kent Ross*

**Title** *Actuarial Technician*

**Telephone Number** *(800) 352-5120*

	(a) Earned Premium (x)	(b) Incurred Claims (y)
1 Current Year's Experience		
a. Total (all policy years)	0	0
b. Current Years Issues (z)	0	0
c. Net (for reporting purposes = 1a - 1b)	0	0
2 Past Years' Experience (All Policy Years)	0	0
3 Total Experience (Net Current Year + Past Years' 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	0.000	
8 Experienced Ratio Since Inception	0.000	
9 Life Years Exposed Since Inception	0.00	
10 Tolerance Permitted (Obtained from Credibility Table)		
11 Adjustment to Incurred Claims for Credibility		
12 Adjusted Incurred Claims		
13 Refund		

Medicare Supplement Credibility Table	
Life Years Exposed Since Inception	Tolerance
10,000 +	0.00%
5,000 - 9,999	5.00%
2,500 - 4,999	7.50%
1,000 - 2,499	10.00%
500 - 999	15.00%
If less than 500 no credibility	

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

Signature *Richard E. Klar, Jr.*  
Name (type) Richard E. Klar, Jr, ASA, MAAA  
Title Corporate Actuary  
Date Wednesday, May 18, 2011

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

**TYPE** *Individual Medicare Supplement Policy*

**SMSBP (w)** *Benefit Plan L*

**For the State of** *Arkansas*

**Company Name** *Equitable Life & Casualty Insurance Company*

**NAIC Group Code** *000*

**NAIC Company Code** *62952*

**Address** *# 3 Triad Center, Suite 200 / P.O. Box 2460 / Salt Lake City, Utah 84110*

*R. Kent Ross*

**Title** *Actuarial Technician* **on Completing this Exhibit**

**Telephone Number** *(800) 352-5120*

(a) Year	(b) Earned Premium	(c) Factor	(d) (b) x (c)	(e) Cumulative Loss Ratio	(f) (d) x (e)	(g) Factor	(h) (b) x (g)	(i) Cumulative Loss Ratio	(j) (h) x (i)	(o) Policy Year Loss Ratio
1	0	2.77	0	0.442	0	0	0	0	0	0.4
2	0	4.175	0	0.493	0	0	0	0	0	0.55
3	0	4.175	0	0.493	0	1.194	0	0.659	0	0.65
4	0	4.175	0	0.493	0	2.245	0	0.669	0	0.67
5	0	4.175	0	0.493	0	3.17	0	0.678	0	0.69
6	0	4.175	0	0.493	0	3.998	0	0.686	0	0.71
7	0	4.175	0	0.493	0	4.754	0	0.695	0	0.73
8	0	4.175	0	0.493	0	5.445	0	0.702	0	0.75
9	0	4.175	0	0.493	0	6.075	0	0.708	0	0.76
10	0	4.175	0	0.493	0	6.65	0	0.713	0	0.76
11	0	4.175	0	0.493	0	7.176	0	0.717	0	0.76
12	0	4.175	0	0.493	0	7.655	0	0.72	0	0.77
13	0	4.175	0	0.493	0	8.093	0	0.723	0	0.77
14	0	4.175	0	0.493	0	8.493	0	0.725	0	0.77
15+	0	4.175	0	0.493	0	8.684	0	0.725	0	0.77
Total	0	(k):	0	(l):	0	(m):	0	(n):	0	

Benchmark Ratio Since Inception: (l+n)/(k+m): 0.000

- (a): Year 1 is the current calendar year - 1.  
Year 2 is the current calendar year - 2 (etc).  
Example: If the current year is 1991, then year 1 is 1990, year 2 is 1989.
- (b): For the calendar year on the appropriate line in column (a), the premium earned during that year for policies issued in that year.
- (o): These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios on a policy year basis which result in the cumulative loss ratios displayed on this worksheet. These are shown for information purposes only.
- (p): "SMSBP" = Standardized Medicare Supplement Benefit Plan.

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

**TYPE** *Individual Medicare Supplement Policy*

**SMSBP (w)** *Benefit Plan N*

**For the State of** *Arkansas*

**Company Name** *Equitable Life & Casualty Insurance Company*

**NAIC Group Code** *000*

**NAIC Company Code** *62952*

**Address** *# 3 Triad Center, Suite 200 / P.O. Box 2460 / Salt Lake City, Utah 84110*

**Person Completing this Exhibit** *R. Kent Ross*

**Title** *Actuarial Technician*

**Telephone Number** *(800) 352-5120*

	(a) Earned Premium (x)	(b) Incurred Claims (y)
1 Current Year's Experience		
a. Total (all policy years)	0	0
b. Current Years Issues (z)	0	0
c. Net (for reporting purposes = 1a - 1b)	0	0
2 Past Years' Experience (All Policy Years)	0	0
3 Total Experience (Net Current Year + Past Years' 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	0.000	
8 Experienced Ratio Since Inception	0.000	
9 Life Years Exposed Since Inception	0.00	
10 Tolerance Permitted (Obtained from Credibility Table)		
11 Adjustment to Incurred Claims for Credibility		
12 Adjusted Incurred Claims		
13 Refund		

Medicare Supplement Credibility Table	
Life Years Exposed	
Since Inception	Tolerance
10,000 +	0.00%
5,000 - 9,999	5.00%
2,500 - 4,999	7.50%
1,000 - 2,499	10.00%
500 - 999	15.00%
If less than 500 no credibility	

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

Signature *Richard E. Klar, Jr.*  
 Name (type) Richard E. Klar, Jr, ASA, MAAA  
 Title Corporate Actuary  
 Date Wednesday, May 18, 2011

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

**TYPE** *Individual Medicare Supplement Policy*

**SMSBP (w)** *Benefit Plan N*

**For the State of** *Arkansas*

**Company Name** *Equitable Life & Casualty Insurance Company*

**NAIC Group Code** *000*

**NAIC Company Code** *62952*

**Address** *# 3 Triad Center, Suite 200 / P.O. Box 2460 / Salt Lake City, Utah 84110*

*R. Kent Ross*

**Title** *Actuarial Technician* **on Completing this Exhibit**

**Telephone Number** *(800) 352-5120*

(a) Year	(b) Earned Premium	(c) Factor	(d) (b) x (c)	(e) Cumulative Loss Ratio	(f) (d) x (e)	(g) Factor	(h) (b) x (g)	(i) Cumulative Loss Ratio	(j) (h) x (i)	(o) Policy Year Loss Ratio
1	0	2.77	0	0.442	0	0	0	0	0	0.4
2	0	4.175	0	0.493	0	0	0	0	0	0.55
3	0	4.175	0	0.493	0	1.194	0	0.659	0	0.65
4	0	4.175	0	0.493	0	2.245	0	0.669	0	0.67
5	0	4.175	0	0.493	0	3.17	0	0.678	0	0.69
6	0	4.175	0	0.493	0	3.998	0	0.686	0	0.71
7	0	4.175	0	0.493	0	4.754	0	0.695	0	0.73
8	0	4.175	0	0.493	0	5.445	0	0.702	0	0.75
9	0	4.175	0	0.493	0	6.075	0	0.708	0	0.76
10	0	4.175	0	0.493	0	6.65	0	0.713	0	0.76
11	0	4.175	0	0.493	0	7.176	0	0.717	0	0.76
12	0	4.175	0	0.493	0	7.655	0	0.72	0	0.77
13	0	4.175	0	0.493	0	8.093	0	0.723	0	0.77
14	0	4.175	0	0.493	0	8.493	0	0.725	0	0.77
15+	0	4.175	0	0.493	0	8.684	0	0.725	0	0.77
Total	0	(k):	0	(l):	0	(m):	0	(n):	0	

Benchmark Ratio Since Inception: (l+n)/(k+m): 0.000

- (a): Year 1 is the current calendar year - 1.  
Year 2 is the current calendar year - 2 (etc).  
Example: If the current year is 1991, then year 1 is 1990, year 2 is 1989.
- (b): For the calendar year on the appropriate line in column (a), the premium earned during that year for policies issued in that year.
- (o): These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios on a policy year basis which result in the cumulative loss ratios displayed on this worksheet. These are shown for information purposes only.
- (p): "SMSBP" = Standardized Medicare Supplement Benefit Plan.

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

**TYPE** *Individual Medicare Supplement Policy* **SMSBP (w)** *Pre-Standardized Plans*  
**For the State of** *Arkansas*  
**Company Name** *Equitable Life & Casualty Insurance Company*  
**NAIC Group Code** *000* **NAIC Company Code** *62952*  
**Address** *# 3 Triad Center, Suite 200 / P.O. Box 2460 / Salt Lake City, Utah 84110*  
**Person Completing this Exhibit** *R. Kent Ross*  
**Title** *Actuarial Technician* **Telephone Number** *(800) 352-5120*

	(a) Earned Premium (x)	(b) Incurred Claims (y)
1 Current Year's Experience		
a. Total (all policy years)	162,097	101,355
b. Current Years Issues (z)	0	0
c. Net (for reporting purposes = 1a - 1b)	162,097	101,355
2 Past Years' Experience (All Policy Years)	9,825,630	6,963,676
3 Total Experience (Net Current Year + Past Years' Experience)	9,987,727	7,065,030
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	0.649	
8 Experienced Ratio Since Inception	0.707	
9 Life Years Exposed Since Inception	2,169.51	
10 Tolerance Permitted (Obtained from Credibility Table)		
11 Adjustment to Incurred Claims for Credibility		
12 Adjusted Incurred Claims		
13 Refund		

Medicare Supplement Credibility Table	
Life Years Exposed	
Since Inception	Tolerance
10,000 +	0.00%
5,000 - 9,999	5.00%
2,500 - 4,999	7.50%
1,000 - 2,499	10.00%
500 - 999	15.00%
If less than 500 no credibility	

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

Signature *Richard E. Klar, Jr.*  
Name (type) Richard E. Klar, Jr, ASA, MAAA  
Title Corporate Actuary  
Date Wednesday, May 18, 2011

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

**TYPE** *Individual Medicare Supplement Policy*

**SMSBP (w)** *Pre-Standardized*

**For the State of** *Arkansas*

**Company Name** *Equitable Life & Casualty Insurance Company*

**NAIC Group Code** *000*

**NAIC Company Code** *62952*

**Address** *# 3 Triad Center, Suite 200 / P.O. Box 2460 / Salt Lake City, Utah 84110*

**Person Completing this Exhibit** *R. Kent Ross*

**Title** *Actuarial Technician*

**Telephone Number** *(800) 352-5120*

(a) Year	(b) Earned Premium	(c) Factor	(d) (b) x (c)	(e) Cumulative Loss Ratio	(f) (d) x (e)	(g) Factor	(h) (b) x (g)	(i) Cumulative Loss Ratio	(j) (h) x (i)	(o) Policy Year Loss Ratio
1	0	2.77	0	0.442	0	0	0	0	0	0.4
2	0	4.175	0	0.493	0	0	0	0	0	0.55
3	0	4.175	0	0.493	0	1.194	0	0.659	0	0.65
4	0	4.175	0	0.493	0	2.245	0	0.669	0	0.67
5	0	4.175	0	0.493	0	3.17	0	0.678	0	0.69
6	0	4.175	0	0.493	0	3.998	0	0.686	0	0.71
7	0	4.175	0	0.493	0	4.754	0	0.695	0	0.73
8	0	4.175	0	0.493	0	5.445	0	0.702	0	0.75
9	0	4.175	0	0.493	0	6.075	0	0.708	0	0.76
10	0	4.175	0	0.493	0	6.65	0	0.713	0	0.76
11	0	4.175	0	0.493	0	7.176	0	0.717	0	0.76
12	0	4.175	0	0.493	0	7.655	0	0.72	0	0.77
13	0	4.175	0	0.493	0	8.093	0	0.723	0	0.77
14	1,562,550	4.175	6,523,644	0.493	3,216,157	8.493	13,270,733	0.725	9,621,281	0.77
15	0	4.175	0	0.493	0	8.684	0	0.725	0	0.77
Total	1,562,550	(k):	6,523,644	(l):	3,216,157	(m):	13,270,733	(n):	9,621,281	

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

- (a): 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.
- (b): For the calendar year on the appropriate line in column (a), the premium earned during that year for policies issued in that year.
- (o): These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios on a policy year basis which result in the cumulative loss ratios displayed on this worksheet. These are shown for information purposes only.
- (p): "SMSBP" = Standardized Medicare Supplement Benefit Plan.