

SERFF Tracking Number: ETPF-127186698 State: Arkansas  
Filing Company: Heartland National Life Insurance Company State Tracking Number: 48940  
Company Tracking Number: '10 MEDICARE SUPPLEMENT REFUND CALC REPORT  
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other  
Product Name: Medicare Supplement  
Project Name/Number: '10 Medicare Supplement Refund Calculation Report/'10 Medicare Supplement Refund Calculation Report

## Filing at a Glance

Company: Heartland National Life Insurance Company

Product Name: Medicare Supplement SERFF Tr Num: ETPF-127186698 State: Arkansas  
TOI: MS06 Medicare Supplement - Other SERFF Status: Closed-Accepted State Tr Num: 48940

Sub-TOI: MS06.000 Medicare Supplement - Other Co Tr Num: '10 MEDICARE State Status: Filed-Closed  
Other SUPPLEMENT REFUND CALC REPORT

Filing Type: Form

Reviewer(s): Stephanie Fowler

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

Date Submitted: 05/31/2011

Disposition Status: Accepted For Informational Purposes  
Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: '10 Medicare Supplement Refund Calculation Report  
Project Number: '10 Medicare Supplement Refund Calculation Report  
Requested Filing Mode: Informational  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:

Status of Filing in Domicile:  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Individual  
Individual Market Type:  
Filing Status Changed: 06/06/2011  
State Status Changed: 06/06/2011  
Created By: Kathy Foster  
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Kathy Foster

Filing Description:

Attached please find 2010 Medicare Supplement Refund Calculation Forms for Heartland National Life Insurance Company as required by state law.

## Company and Contact

### Filing Contact Information

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

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3 Triad Center 800-352-5150 [Phone] 3468 [Ext]  
 Salt Lake City, UT 84180 801-579-3471 [FAX]

**Filing Company Information**

(This filing was made by a third party - equitablelifecasualtytpf)

Heartland National Life Insurance Company CoCode: 66214 State of Domicile: Indiana  
 P O Box 2878 Group Code: Company Type: Life & Health  
 Salt Lake City, UK 84110 Group Name: State ID Number:  
 (866) 916-7971 ext. [Phone] FEIN Number: 64-0431935

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**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Heartland National Life Insurance Company	\$50.00	05/31/2011	48193438

SERFF Tracking Number: ETPF-127186698 State: Arkansas  
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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: ETPF-127186698 State: Arkansas  
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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: ETPF-127186698 State: Arkansas  
 Filing Company: Heartland National Life Insurance Company State Tracking Number: 48940  
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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	Third Party Filing Authorization	Accepted for Informational Purposes	No
Supporting Document	'10 Medicare Supplement Refund Calculation Report	Accepted for Informational Purposes	No

SERFF Tracking Number: ETPF-127186698 State: Arkansas  
 Filing Company: Heartland National Life Insurance Company State Tracking Number: 48940  
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 TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other  
 Product Name: Medicare Supplement  
 Project Name/Number: '10 Medicare Supplement Refund Calculation Report/'10 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> Third Party Filing Authorization <b>Comments:</b> <b>Attachment:</b> Third Party Authorization 11-08.pdf	Accepted for Informational Purposes	06/06/2011

SERFF Tracking Number: ETPF-127186698 State: Arkansas  
Filing Company: Heartland National Life Insurance Company State Tracking Number: 48940  
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	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> '10 Medicare Supplement Refund Calculation Report	Accepted for Informational Purposes	06/06/2011
<b>Comments:</b>		
<b>Attachment:</b> Arkansas.pdf		



November 19, 2008

RE: Form Filing Authorization

This letter will serve as authorization from Heartland National Life Insurance Company ("Heartland") for Equitable Life & Casualty Insurance Company to file all rates, policies and related forms on Heartland's behalf, and to respond to all inquiries regarding such filings with all state insurance departments and jurisdictions.

This authorization shall be valid until revoked by Heartland.

Sincerely,

A handwritten signature in black ink, appearing to read "McDaniel". The signature is fluid and cursive, with a large loop at the end.

Christopher M. McDaniel  
President, Chief Executive Officer & Chairman of the Board  
Heartland National Life Insurance Company

cc: Robert E. Anderson, Chief Operating Officer, Equitable Life & Casualty Insurance Company  
Kendall R. Surfass, Vice President, Secretary and General Counsel, Equitable Life & Casualty Insurance Company

**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** *Heartland National Life Insurance Company*

**NAIC Group Code** *000*

**NAIC Company Code** *66214*

**Address** *1600 NE Coronado Drive, Blue Springs, Missouri 64014*

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

**Title** *Actuarial Technician (TPA)*

**Telephone Number** *(801) 579-3488*

	(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 *Patricia Kurth*  
 Name (type) Patricia Kurth  
 Title Secretary Treasurer  
 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** *Heartland National Life Insurance Company*

**NAIC Group Code** *000*

**NAIC Company Code** *66214*

**Address** *1600 NE Coronado Drive, Blue Springs, Missouri 64014*

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

**Title** *Actuarial Technician (TPA)*

**Telephone Number** *(801) 579-3488*

(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	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 D*

**For the State of** *Arkansas*

**Company Name** *Heartland National Life Insurance Company*

**NAIC Group Code** *000*

**NAIC Company Code** *66214*

**Address** *1600 NE Coronado Drive, Blue Springs, Missouri 64014*

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

**Title** *Actuarial Technician (TPA)*

**Telephone Number** *(801) 579-3488*

	(a) Earned Premium (x)	(b) Incurred Claims (y)
1 Current Year's Experience		
a. Total (all policy years)	2,756	2,312
b. Current Years Issues (z)	0	0
c. Net (for reporting purposes = 1a - 1b)	2,756	2,312
2 Past Years' Experience (All Policy Years)	535	0
3 Total Experience (Net Current Year + Past Years' Experience)	3,291	2,312
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	0.442	
8 Experienced Ratio Since Inception	0.702	
9 Life Years Exposed Since Inception	2.50	
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 *Patricia Kurth*  
 Name (type) Patricia Kurth  
 Title Secretary Treasurer  
 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** *Heartland National Life Insurance Company*

**NAIC Group Code** *000*

**NAIC Company Code** *66214*

**Address** *1600 NE Coronado Drive, Blue Springs, Missouri 64014*

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

**Title** *Actuarial Technician (TPA)*

**Telephone Number** *(801) 579-3488*

(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	535	2.77	1,483	0.442	655	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	535	(k):	1,483	(l):	655	(m):	0	(n):	0	

Benchmark Ratio Since Inception: (l+n)/(k+m): 0.442

- (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** *Heartland National Life Insurance Company*

**NAIC Group Code** *000*

**NAIC Company Code** *66214*

**Address** *1600 NE Coronado Drive, Blue Springs, Missouri 64014*

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

**Title** *Actuarial Technician (TPA)*

**Telephone Number** *(801) 579-3488*

	(a) Earned Premium (x)	(b) Incurred Claims (y)
1 Current Year's Experience		
a. Total (all policy years)	1,127,357	858,765
b. Current Years Issues (z)	737,632	585,709
c. Net (for reporting purposes = 1a - 1b)	389,725	273,056
2 Past Years' Experience (All Policy Years)	98,471	56,198
3 Total Experience (Net Current Year + Past Years' Experience)	488,196	329,253
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	0.442	
8 Experienced Ratio Since Inception	0.674	
9 Life Years Exposed Since Inception	354.68	
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 *Patricia Kurth*  
 Name (type) Patricia Kurth  
 Title Secretary Treasurer  
 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** *Heartland National Life Insurance Company*

**NAIC Group Code** *000*

**NAIC Company Code** *66214*

**Address** *1600 NE Coronado Drive, Blue Springs, Missouri 64014*

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

**Title** *Actuarial Technician (TPA)*

**Telephone Number** *(801) 579-3488*

(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	98,471	2.77	272,765	0.442	120,562	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	98,471	(k):	272,765	(l):	120,562	(m):	0	(n):	0	

Benchmark Ratio Since Inception: (l+n)/(k+m): **0.442**

- (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.
- (c): 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** *Heartland National Life Insurance Company*

**NAIC Group Code** *000*

**NAIC Company Code** *66214*

**Address** *1600 NE Coronado Drive, Blue Springs, Missouri 64014*

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

**Title** *Actuarial Technician (TPA)*

**Telephone Number** *(801) 579-3488*

	(a) Earned Premium (x)	(b) Incurred Claims (y)
1 Current Year's Experience		
a. Total (all policy years)	7,653	2,524
b. Current Years Issues (z)	2,261	160
c. Net (for reporting purposes = 1a - 1b)	5,392	2,365
2 Past Years' Experience (All Policy Years)	1,442	142
3 Total Experience (Net Current Year + Past Years' Experience)	6,834	2,507
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	0.442	
8 Experienced Ratio Since Inception	0.367	
9 Life Years Exposed Since Inception	5.25	
10 Tolerance Permitted (Obtained from Credibility Table)		Not Credible
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 *Patricia Kurth*  
 Name (type) Patricia Kurth  
 Title Secretary Treasurer  
 Date Wednesday, May 18, 2011

**REPORTING FORM FOR THE CALCULATION OF  
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FOR CALENDAR YEAR 2010**

**TYPE** *Individual Medicare Supplement Policy*

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

**For the State of** *Arkansas*

**Company Name** *Heartland National Life Insurance Company*

**NAIC Group Code** *000*

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**Address** *1600 NE Coronado Drive, Blue Springs, Missouri 64014*

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

**Title** *Actuarial Technician (TPA)*

**Telephone Number** *(801) 579-3488*

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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	1,442	2.77	3,993	0.442	1,765	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	1,442	(k):	3,993	(l):	1,765	(m):	0	(n):	0	

Benchmark Ratio Since Inception:  $(l+n)/(k+m)$ : 0.442

- (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.