

State: Arkansas **Filing Company:** Physicians Mutual Insurance Company
TOI/Sub-TOI: MS02I Individual Medicare Supplement - Pre-Standardized/MS02I.000 Medicare Supplement - Pre-Standardized
Product Name: Med Supp PreCore
Project Name/Number: /

Filing at a Glance

Company: Physicians Mutual Insurance Company
Product Name: Med Supp PreCore
State: Arkansas
TOI: MS02I Individual Medicare Supplement - Pre-Standardized
Sub-TOI: MS02I.000 Medicare Supplement - Pre-Standardized
Filing Type: Rate
Date Submitted: 11/12/2012
SERFF Tr Num: PHYS-128766286
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num:

Implementation: 04/01/2013
Date Requested:
Author(s): Tracy Comba, Richie Hinman
Reviewer(s): Stephanie Fowler (primary)
Disposition Date: 12/14/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
TOI/Sub-TOI: MS021 Individual Medicare Supplement - Pre-Standardized/MS021.000 Medicare Supplement - Pre-Standardized
Product Name: Med Supp PreCore
Project Name/Number: /

Filing Company: Physicians Mutual Insurance Company

General Information

Project Name: Status of Filing in Domicile: Not Filed
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: 4.2% Filing Status Changed: 12/14/2012
State Status Changed: 12/14/2012
Deemer Date: Created By: Tracy Comba
Submitted By: Tracy Comba Corresponding Filing Tracking Number:

Filing Description:

Annual Filing of Premium Rates and Loss Ratio Projections for Prestandardized Agent-Solicited Policies and Riders

Rate Increase Filing and Annual Filing of Premium Rates and Loss Ratio Projections for Prestandardized Direct Response Solicited Policies and Riders

For Agent-Solicited Policies and Riders:

This filing is our annual filing of premium rates and loss ratio projections for 2013.

This filing meets the reporting requirements as set forth under Section 13 C of the NAIC model regulation. In addition, it shows that we meet, or can reasonably expect to meet, all of the mandated loss ratio standards. Our reporting format closely follows the order of presentation in Section III of the NAIC compliance manual.

For Direct Response Solicited Policies and Riders:

This filing is a combination of our annual filing of premium rates and loss ratio projections and our proposed rate revision for 2013. It has been organized into two separate sections.

The first section of this filing meets the reporting requirements as set forth under Section 13 C of the NAIC model regulation. In addition, it shows that we meet, or can reasonably expect to meet, all of the mandated loss ratio standards. Our reporting format closely follows the order of presentation in Section III of the NAIC compliance manual.

The second section of this filing explains our need for a rate revision. This section also follows the order of presentation in Sections III and IV of the NAIC compliance manual.

Company and Contact

Filing Contact Information

Richie Hinman, Re-Rating Supervisor richie.hinman@physiciansmutual.com
2600 Dodge Street 402-633-5782 [Phone]
Omaha, NE 68131 402-633-1096 [FAX]

State: Arkansas **Filing Company:** Physicians Mutual Insurance Company
TOI/Sub-TOI: MS021 Individual Medicare Supplement - Pre-Standardized/MS021.000 Medicare Supplement - Pre-Standardized
Product Name: Med Supp PreCore
Project Name/Number: /

Filing Company Information

Physicians Mutual Insurance Company	CoCode: 80578	State of Domicile: Nebraska
2600 Dodge Street	Group Code: 367	Company Type:
Omaha, NE 68131	Group Name:	State ID Number:
(402) 633-1188 ext. [Phone]	FEIN Number: 47-0270450	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 per filing
 Per Company: No

Company	Amount	Date Processed	Transaction #
Physicians Mutual Insurance Company	\$50.00	11/12/2012	64795446

SERFF Tracking #:

PHYS-128766286

State Tracking #:

Company Tracking #:

State: Arkansas

Filing Company: Physicians Mutual Insurance Company

TOI/Sub-TOI: MS021 Individual Medicare Supplement - Pre-Standardized/MS021.000 Medicare Supplement - Pre-Standardized

Product Name: Med Supp PreCore

Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	12/14/2012	12/14/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	12/12/2012	12/12/2012

Response Letters

Responded By	Created On	Date Submitted
Tracy Comba	12/13/2012	12/13/2012

SERFF Tracking #:

PHYS-128766286

State Tracking #:

Company Tracking #:

State: Arkansas **Filing Company:** Physicians Mutual Insurance Company
TOI/Sub-TOI: MS021 Individual Medicare Supplement - Pre-Standardized/MS021.000 Medicare Supplement - Pre-Standardized
Product Name: Med Supp PreCore
Project Name/Number: /

Disposition

Disposition Date: 12/14/2012

Implementation Date:

Status: Approved-Closed

Comment: This filing is approved as the company's "annual rate filing". No increase is approved.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Physicians Mutual Insurance Company	0.000%	0.000%	\$0	16	\$86,084	0.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Disapproved	No
Rate	Rate Pages	Approved-Closed	Yes
Rate (revised)	Rate Pages	Approved-Closed	Yes
Rate	Rate Pages	Disapproved	No

State: Arkansas **Filing Company:** Physicians Mutual Insurance Company
TOI/Sub-TOI: MS021 Individual Medicare Supplement - Pre-Standardized/MS021.000 Medicare Supplement - Pre-Standardized
Product Name: Med Supp PreCore
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	12/12/2012
Submitted Date	12/12/2012
Respond By Date	01/14/2013

Dear Richie Hinman,

Introduction:

This will acknowledge receipt of the captioned filing.

Given the low loss ratio history indicated in this filing (indicating that Physicians Mutual has enjoyed healthy profits on this block of business since its inception) and the lack of credibility; we cannot approve this rate increase at this time. With that being said, in order for this filing to be approved as the company's Annual Rate Certification, please mend the filing to reflect that no increase is being approved.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

SERFF Tracking #:

PHYS-128766286

State Tracking #:

Company Tracking #:

State: Arkansas

Filing Company: Physicians Mutual Insurance Company

TOI/Sub-TOI: MS021 Individual Medicare Supplement - Pre-Standardized/MS021.000 Medicare Supplement - Pre-Standardized

Product Name: Med Supp PreCore

Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/13/2012
Submitted Date	12/13/2012

Dear Stephanie Fowler,

Introduction:

This is in response to your Objection of 12/12/12.

Response 1

Comments:

We have revised our filing to withdraw the proposal of a rate increase. The rate pages now only include current rates. The Actuarial Memorandum has been revised. A post-submission update has been submitted.

Changed Items:

SERFF Tracking #:

PHYS-128766286

State Tracking #:

Company Tracking #:

State: Arkansas

Filing Company: Physicians Mutual Insurance Company

TOI/Sub-TOI: MS021 Individual Medicare Supplement - Pre-Standardized/MS021.000 Medicare Supplement - Pre-Standardized

Product Name: Med Supp PreCore

Project Name/Number: /

Supporting Document Schedule Item Changes

Satisfied - Item: Health - Actuarial Justification

Comments:

Attachment(s):

STD_2013_Act Memo_AGAnnual.pdf
 AR_2013_Exh A AG.pdf
 STD_2013_Exh B_AG.pdf
 STD_2013_Exh C_AG.pdf
 AR_2013_Exh D AG.pdf
 AR_2013_Exh A DR.pdf
 STD_2013_Exh B_DR.pdf
 AR_2013_Exh D DR.pdf
 STD_2013_Act Memo_DRAnnual.pdf
 STD_2013_Exh C_DR wout Inc.pdf

Previous Version

Satisfied - Item: Health - Actuarial Justification

Comments:

Attachment(s):

STD_2013_Act Memo_AGAnnual.pdf
AR_2013_Exh A AG.pdf
STD_2013_Exh B_AG.pdf
STD_2013_Exh C_AG.pdf
AR_2013_Exh D AG.pdf
STD_2013_Act Memo_DR.pdf
AR_2013_Exh A DR.pdf
STD_2013_Exh B_DR.pdf
STD_2013_Exh C_DR with Inc.pdf
STD_2013_Exh E_DR.pdf
AR_2013_Exh D DR.pdf

No Form Schedule items changed.

SERFF Tracking #:

PHYS-128766286

State Tracking #:

Company Tracking #:

State: Arkansas

Filing Company: Physicians Mutual Insurance Company

TOI/Sub-TOI: MS021 Individual Medicare Supplement - Pre-Standardized/MS021.000 Medicare Supplement - Pre-Standardized

Product Name: Med Supp PreCore

Project Name/Number: /

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Pages	P192, P315, P393/R620, P393/R621, P393/R622, P397/R630, P397/R631	Other	Previous State Filing Number: PHYS-128213401 Rate Action Other Explanation: Annual Rate Filing	AR_2013_Rates DR.pdf,	12/13/2012 By: Tracy Comba

Previous Version

1	Rate Pages	P192, P315, P393/R620, P393/R621, P393/R622, P397/R630, P397/R631	Revised	Previous State Filing Number: PHYS-128213401 Percent Rate Change Request: 7	AR_2013_Rates DR.pdf,	11/12/2012 By: Tracy Comba
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Conclusion:

Thank you for your attention to this filing. Please contact us if you have any further questions.

Sincerely,
Tracy Comba

State: Arkansas **Filing Company:** Physicians Mutual Insurance Company
TOI/Sub-TOI: MS021 Individual Medicare Supplement - Pre-Standardized/MS021.000 Medicare Supplement - Pre-Standardized
Product Name: Med Supp PreCore
Project Name/Number: /

Post Submission Update Request Processed On 12/14/2012

Status: Allowed
Created By: Tracy Comba
Processed By: Stephanie Fowler
Comments:

Company Rate Information:

Company Name: Physicians Mutual Insurance Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	0.000%	4.200%
Overall % Rate Impact	0.000%	4.200%
Written Premium Change for this Program	\$0	\$3805
Maximum %Change (where required)	0.000%	7.000%

SERFF Tracking #:

PHYS-128766286

State Tracking #:

Company Tracking #:

State: Arkansas **Filing Company:** Physicians Mutual Insurance Company
TOI/Sub-TOI: MS021 Individual Medicare Supplement - Pre-Standardized/MS021.000 Medicare Supplement - Pre-Standardized
Product Name: Med Supp PreCore
Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: Serff
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 0.900%
Effective Date of Last Rate Revision: 04/01/2012
Filing Method of Last Filing: Serff

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Physicians Mutual Insurance Company	0.000%	0.000%	\$0	16	\$86,084	0.000%	0.000%

SERFF Tracking #:

PHYS-128766286

State Tracking #:

Company Tracking #:

State: Arkansas

Filing Company: Physicians Mutual Insurance Company

TOI/Sub-TOI: MS021 Individual Medicare Supplement - Pre-Standardized/MS021.000 Medicare Supplement - Pre-Standardized

Product Name: Med Supp PreCore

Project Name/Number: /

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information		Attachments
					Previous State Filing Number:	Annual Rate Filing	
1	Approved-Closed 12/14/2012	Rate Pages	P115, P192, P197, R161, R162, R179, R180, R190, R193, R194, R200, R201, R202, R203	Other	Previous State Filing Number:	PHYS-128213401	AR_2013_Rates AG.pdf
					Rate Action Other Explanation:	Annual Rate Filing	PreCore_AREAS_Agency.pdf
2	Approved-Closed 12/14/2012	Rate Pages	P192, P315, P393/R620, P393/R621, P393/R622, P397/R630, P397/R631	Other	Previous State Filing Number:	PHYS-128213401	AR_2013_Rates DR.pdf
					Rate Action Other Explanation:	Annual Rate Filing	

CURRENT RATE SCHEDULES

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P115
AGENCY SALES
20% OF PART B BILLED
ARKANSAS

<u>AGE</u>		<u>2012 MONTHLY BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$327.18
	UNDERWRITTEN	\$268.17

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

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P192
AGENCY SALES
20% OF PART B BILLED
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$327.18

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: 1.000 QTRRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P197
AGENCY SALES
20% OF PART B BILLED
ARKANSAS

<u>AGE</u>		<u>2012 MONTHLY BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$308.63
	UNDERWRITTEN	\$252.99

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: .950 QTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R161
AGENCY SALES
40% OF PART B BILLED
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$63.72

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: 1.000 QTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R162
AGENCY SALES
CONVALESCENT NURSING FACILITY CARE
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$89.44

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: .950 QTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R179
AGENCY SALES
100% OF PART B BILLED
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$118.38

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: .950 QTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R180
AGENCY SALES
PART A DEDUCTIBLE REDUCTION
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	-\$41.49

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: 1.000 QTRRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R190
AGENCY SALES
40% OF PART B BILLED
ARKANSAS

<u>AGE</u>		<u>2012 MONTHLY BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$60.13
	UNDERWRITTEN	\$50.00

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: .950 QTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R193
AGENCY SALES
100% OF PART B BILLED
ARKANSAS

<u>AGE</u>		<u>2012 MONTHLY BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$111.69
	UNDERWRITTEN	\$92.95

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: .950 QTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R194
AGENCY SALES
PART A DEDUCTIBLE REDUCTION
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	-\$39.29

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: .950 QTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R200
AGENCY SALES
CONVALESCENT NURSING FACILITY CARE
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$89.44

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

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R201
AGENCY SALES
100% OF PART B BILLED
ARKANSAS

<u>AGE</u>		<u>2012 MONTHLY BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$118.38
	UNDERWRITTEN	\$98.51

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

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R202
AGENCY SALES
40% OF PART B BILLED
ARKANSAS

<u>AGE</u>		<u>2012 MONTHLY BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$60.13
	UNDERWRITTEN	\$50.00

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

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R203
AGENCY SALES
PART A DEDUCTIBLE REDUCTION
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	-\$36.67

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

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

Pre-Standardized Medicare Supplement

Area Rating Factors by ZIP Code

Agent Sold Business

AREA A	AREA F	AREA G	AREA H	AREA I	AREA J	
027-029	580-589	010-016	017-019	020-022	100-102	330-333
030-039	590-599	023-028	070-073	103-104	190-191	900-918
050-059	607-629	060	080-081	111-114	334	926-928
061-067	630-659	068-069	106-108	116	482	
090-099	660-679	074-079	110	189	485	
120-124	680-699	082-089	115	192-194	941	
128-149	702	105	117-119	200		
155	705-706	109	150-152	202-205		
157-179	709-715	125-127	186-187	484		
182-183	716-729	153-154	207-214	920-925		
188	730-749	156	222-223	930-931		
195-196	750-799	180-181	320-322	933		
197	800-801	184-185	602-603	940		
199	803-819	198	606	942-946		
201	820-831	206	890			
224-246	832-839	215-219	894-895			
246-268	840-849	220-221	947-951			
270-289	854-869	327-329	894-895			
290-299	870-889	335-339	947-951			
310-319	899	342				
323-326	919	347				
340-341	962-966	480-481				
343-346	967-969	486				
348-349	970-979	600-601				
350-369	980-994	604-605				
370-385		700-701				
386-399		703-704				
425-429		707-708				
430-459		802				
460-479		850-853				
483		891-893				
487-499		896-898				
521-529		929				
530-549		935-939				
550-569		952-961				
570-579		995-999				

AREA A	AREA F	AREA G	AREA H	AREA I	AREA J
1.00	1.15	1.25	1.35	1.50	1.70

PRECORE-STD-070193

CURRENT RATE SCHEDULES

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P192
DIRECT RESPONSE SALES
20% OF PART B BILLED
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$360.82

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: 1.000 QTRRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

PHYSICIANS MUTUAL INSURANCE COMPANY
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TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P315
DIRECT RESPONSE SALES
100% OF PART B BILLED
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$382.70

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

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY
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MEDICARE SUPPLEMENT POLICY

FORM P393/R620
DIRECT RESPONSE SALES
20% OF APPROVED WITH \$200 DEDUCTIBLE
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$333.38

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: .930 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY
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MEDICARE SUPPLEMENT POLICY

FORM P393/R621
DIRECT RESPONSE SALES
20% OF APPROVED
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$364.56

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: .930 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY
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TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P393/R622
DIRECT RESPONSE SALES
100% OF PART B BILLED
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$603.28

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: .930 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

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TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P397/R631
DIRECT RESPONSE SALES
20% OF APPROVED WITH \$200 DEDUCTIBLE
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$280.16

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

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

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MEDICARE SUPPLEMENT POLICY

FORM P397/R633
DIRECT RESPONSE SALES
100% OF PART B BILLED
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$382.70

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

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.