

SERFF Tracking Number: PHYS-128213401 State: Arkansas
Filing Company: Physicians Mutual Insurance Company State Tracking Number:
Company Tracking Number:
TOI: MS021 Individual Medicare Supplement - Pre- Standardized Sub-TOI: MS021.000 Medicare Supplement - Pre- Standardized
Product Name: 2012 Prestandard Medicare Supplement Rate Increase Filing
Project Name/Number: /

Filing at a Glance

Company: Physicians Mutual Insurance Company

Product Name: 2012 Prestandard Medicare Supplement Rate Increase Filing SERFF Tr Num: PHYS-128213401 State: Arkansas

TOI: MS021 Individual Medicare Supplement - Pre-Standardized SERFF Status: Closed-Approved- Closed State Tr Num:

Sub-TOI: MS021.000 Medicare Supplement - Pre-Standardized Co Tr Num: State Status: Approved-Closed

Filing Type: Rate Reviewer(s): Stephanie Fowler

Authors: Richie Hinman, Debbie Thielen Disposition Date: 04/24/2012

Date Submitted: 03/30/2012 Disposition Status: Approved-Closed

Implementation Date Requested: 06/01/2012

Implementation Date: 06/01/2012

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 12/05/2011

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: 3.6%

Filing Status Changed: 04/24/2012

State Status Changed: 04/24/2012

Deemer Date:

Created By: Debbie Thielen

Submitted By: Debbie Thielen

Corresponding Filing Tracking Number:

Filing Description:

AGENCY KINDS: P115, P192, P197, R161, R162, R179, R180, R190, R193, R194, R200, R201, R202, R203

DIRECT RESPONSE KINDS: P192, P315, P393/R620, P393/R621, P393/R622, P397/R631, P397/R633

This filing is our annual filing of premium rates and loss ratio projections for 2012 for all the above-listed kinds. This is also a filing of our proposed rate revision for the Direct Response kinds above.

SERFF Tracking Number: *PHYS-128213401* State: *Arkansas*
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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.

We look forward to your approval of this filing. If you have any questions or need any additional information, please contact me at (402) 633-5782 or at (402) 633-1096 or at e-mail address richie.hinman@physiciansmutual.com.

State Narrative:

Company and Contact

Filing Contact Information

Debbie Thielen, Re-Rating Analyst debbie.thielen@physiciansmutual.com
 2600 Dodge Street 402-930-2434 [Phone]
 Omaha, NE 68131 402-633-1096 [FAX]

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 review of filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Physicians Mutual Insurance Company	\$50.00	03/30/2012	57599486

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	04/24/2012	04/24/2012
Disapproved	Stephanie Fowler	04/03/2012	04/03/2012

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	04/23/2012	04/23/2012	Debbie Thielen	04/24/2012	04/24/2012

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Disposition

Disposition Date: 04/24/2012

Implementation Date: 06/01/2012

Status: Approved-Closed

Comment: The negotiated rate increase of 1.5% has been approved to be implemented on or after June 1, 2012 for the Direct Response block of business. No rate revision was requested, nor approved for the Agency block. This filing will serve as the Annual Rate Certification for the Agency block.

This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period;
- The insured shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Physicians Mutual Insurance Company	3.600%	3.600%	\$3,643	16	\$100,982	5.000%	0.000%

SERFF Tracking Number: *PHYS-128213401* State: *Arkansas*
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 Project Name/Number: */*

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

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 Product Name: *2012 Prestandard Medicare Supplement Rate Increase Filing*
 Project Name/Number: */*

Disposition

Disposition Date: 04/03/2012

Implementation Date:

Status: Disapproved

Comment: Given the lack of credibility on this block of business we cannot approve this rate increase at this time. However, we are approving the annual rate certification portion of this filing.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Physicians Mutual Insurance Company	3.600%	3.600%	\$3,643	16	\$100,982	5.000%	0.000%

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 Product Name: *2012 Prestandard Medicare Supplement Rate Increase Filing*
 Project Name/Number: */*

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

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Project Name/Number: */*

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	04/23/2012
Submitted Date	04/23/2012
Respond By Date	05/23/2012

Dear Debbie Thielen,

After further review of this request, we would be willing to approve a 1.5% rate increase on this block of business; this offer is made in lieu of disapproval.

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

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 Project Name/Number: */*

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 04/24/2012
 Submitted Date 04/24/2012

Dear Stephanie Fowler,

Comments:

Response 1

Comments: We accept your offer of a 1.5% rate increase on the direct response business and would like to keep the agency business at a 0% rate increase as we originally proposed. The revised rate pages have been attached for your review.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Document Name:	Affected Form Numbers:	Rate Action:	Rate Action Information:	Attach Document:
Direct Response Rate Pages	P192, et al.	Revised	Previous State Filing Number 47226 Percent Rate Change Request 1.5	AR_2012_Rates_ DR_1.5%.pdf
Previous Version				
Direct Response Rate Pages	P192, et al.	Revised	Previous State Filing Number 47226 Percent Rate Change Request 5	AR_2012_Rates_ DR.pdf

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 Product Name: *2012 Prestandard Medicare Supplement Rate Increase Filing*
 Project Name/Number: */*

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 3.000%
Effective Date of Last Rate Revision: 04/01/2011
Filing Method of Last Filing: SERFF

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Physicians Mutual Insurance Company	3.600%	3.600%	\$3,643	16	\$100,982	5.000%	0.000%

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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 04/24/2012	Agent Solicited Rate Pages	P115, et al.	Other	Previous State Filing Number: Rate Action Other Explanation:	47226 Annual Filing Only AR_2012_Rates_AG.pdf PreCore_AREAS_Agency.pdf
Approved-Closed 04/24/2012	Direct Response Rate Pages	P192, et al.	Revised	Previous State Filing Number: Percent Rate Change Request:	47226 1.500 AR_2012_Rates_DR_1.5%.pdf

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>2011 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 QRTRLY: 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>2011 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 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 P197
AGENCY SALES
20% OF PART B BILLED
ARKANSAS

<u>AGE</u>		<u>2011 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 QRTRLY: 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>2011 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>2011 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
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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>	2011 MONTHLY BASE <u>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 QRTRLY: 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>2011 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: .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 R190
AGENCY SALES
40% OF PART B BILLED
ARKANSAS

<u>AGE</u>		<u>2011 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 QRTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
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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>2011 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 QRTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
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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>2011 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
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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>2011 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
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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>2011 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 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE
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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>2011 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 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

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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>2011 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 .

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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>2011 MONTHLY BASE PREMIUM</u>
00-99	\$355.49

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,
AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS
ABW: 1.000 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 P315
DIRECT RESPONSE SALES
100% OF PART B BILLED
ARKANSAS

<u>AGE</u>	<u>2011 MONTHLY BASE PREMIUM</u>
00-99	\$377.04

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

<u>AGE</u>	<u>2011 MONTHLY BASE PREMIUM</u>
00-99	\$328.45

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/R621
DIRECT RESPONSE SALES
20% OF APPROVED
ARKANSAS

<u>AGE</u>	<u>2011 MONTHLY BASE PREMIUM</u>
00-99	\$359.17

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
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

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

<u>AGE</u>	<u>2011 MONTHLY BASE PREMIUM</u>
00-99	\$594.36

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
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

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

<u>AGE</u>	<u>2011 MONTHLY BASE PREMIUM</u>
00-99	\$276.02

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

<u>AGE</u>	<u>2011 MONTHLY BASE PREMIUM</u>
00-99	\$377.04

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.

PROPOSED 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 ISSUE AGE 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 .

P192-DR-AR-042412

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

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

<u>AGE</u>	<u>2012 ISSUE AGE 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.

P315-DR-AR-042412

PHYSICIANS MUTUAL INSURANCE COMPANY
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OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

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

<u>AGE</u>	<u>2012 ISSUE AGE 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.

P393/R620-DR-AR-042412

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MEDICARE SUPPLEMENT POLICY

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

<u>AGE</u>	<u>2012 ISSUE AGE 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.

P393/R621-DR-AR-042412

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MEDICARE SUPPLEMENT POLICY

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

<u>AGE</u>	<u>2012 ISSUE AGE 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.

P393/R622-DR-AR-042412

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MEDICARE SUPPLEMENT POLICY

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

<u>AGE</u>	<u>2012 ISSUE AGE 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.

P397/R631-DR-AR-042412

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MEDICARE SUPPLEMENT POLICY

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

<u>AGE</u>	<u>2012 ISSUE AGE 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 .

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FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

P397/R633-DR-AR-042412

SERFF Tracking Number: *PHYS-128213401* State: *Arkansas*
 Filing Company: *Physicians Mutual Insurance Company* State Tracking Number:
 Company Tracking Number:
 TOI: *MS021 Individual Medicare Supplement - Pre- Standardized* Sub-TOI: *MS021.000 Medicare Supplement - Pre- Standardized*
 Product Name: *2012 Prestandard Medicare Supplement Rate Increase Filing*
 Project Name/Number: */*

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/28/2012	Rate and Rule	Direct Response Rate Pages	04/24/2012	AR_2012_Rates_DR.pdf (Superseded)