

SERFF Tracking Number: *PHYS-128218001* State: *Arkansas*
 Filing Company: *Physicians Mutual Insurance Company* State Tracking Number:
 Company Tracking Number:
 TOI: *MS08I Individual Medicare Supplement - Standard Plans 2010* Sub-TOI: *MS08I.012 Multi-Plan 2010*
 Product Name: *2012 Standard Medicare Supplement 2010 Plans Rate Increase Filing*
 Project Name/Number: */*

Filing at a Glance

Company: Physicians Mutual Insurance Company

Product Name: 2012 Standard Medicare Supplement 2010 Plans Rate Increase Filing SERFF Tr Num: PHYS-128218001 State: Arkansas

TOI: MS08I Individual Medicare Supplement - Standard Plans 2010

SERFF Status: Closed-Approved- Closed State Tr Num:

Sub-TOI: MS08I.012 Multi-Plan 2010

Filing Type: Rate

Co Tr Num: State Status: Approved-Closed

Reviewers: 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: 03/14/2012

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: 8%

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:

Physicians Mutual Insurance Company – NAIC 80578 - Group 367, FEIN 47-0270450 Individual Medicare Supplement Rate Filing

This filing is a combination of our annual filing of premium rates and loss ratio projections and our proposed rate revision for 2012. It has been organized into two separate sections.

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

SERFF Tracking Number: *PHYS-128218001* State: *Arkansas*
 Filing Company: *Physicians Mutual Insurance Company* State Tracking Number:
 Company Tracking Number:
 TOI: *MS081 Individual Medicare Supplement - Standard Plans 2010* Sub-TOI: *MS081.012 Multi-Plan 2010*
 Product Name: *2012 Standard Medicare Supplement 2010 Plans Rate Increase Filing*
 Project Name/Number: */*

closely follows the order of presentation in Section III of the NAIC compliance manual.

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 increase. It follows the order of presentation in Sections III and IV of the NAIC compliance manual.

We would also like to note that this block of business has not recieved a rate increase in your state since inception.

We look forward to your approval of this filing. If you have any questions please contact Richie Hinman by phone at (402) 633-5782 or at e-mail 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:	\$300.00
Retaliatory?	No
Fee Explanation:	\$50 Plan A
	\$50 Plan F
	\$50 Plan G

SERFF Tracking Number: *PHYS-128218001* State: *Arkansas*
 Filing Company: *Physicians Mutual Insurance Company* State Tracking Number:
 Company Tracking Number:
 TOI: *MS081 Individual Medicare Supplement - Standard Plans 2010* Sub-TOI: *MS081.012 Multi-Plan 2010*
 Product Name: *2012 Standard Medicare Supplement 2010 Plans Rate Increase Filing*
 Project Name/Number: */*
\$50 Plan HDF
\$50 Plan N
\$50 B345
 Per Company: *No*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Physicians Mutual Insurance Company	\$200.00	03/30/2012	57601022

SERFF Tracking Number: *PHYS-128218001* State: *Arkansas*
 Filing Company: *Physicians Mutual Insurance Company* State Tracking Number:
 Company Tracking Number:
 TOI: *MS081 Individual Medicare Supplement - Standard Plans 2010* Sub-TOI: *MS081.012 Multi-Plan 2010*
 Product Name: *2012 Standard Medicare Supplement 2010 Plans Rate Increase Filing*
 Project Name/Number: */*

Correspondence Summary

Dispositions

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

SERFF Tracking Number: *PHYS-128218001* State: *Arkansas*
 Filing Company: *Physicians Mutual Insurance Company* State Tracking Number:
 Company Tracking Number:
 TOI: *MS08I Individual Medicare Supplement - Standard Plans 2010* Sub-TOI: *MS08I.012 Multi-Plan 2010*
 Product Name: *2012 Standard Medicare Supplement 2010 Plans Rate Increase Filing*
 Project Name/Number: */*

Disposition

Disposition Date: 04/24/2012

Implementation Date: 06/01/2012

Status: Approved-Closed

Comment: The negotiated rate increase of 3% has been approved to be implemented on or after June 1, 2012. 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	8.000%	8.000%	\$11,821	122	\$147,761	8.000%	5.000%

SERFF Tracking Number: *PHYS-128218001* State: *Arkansas*
 Filing Company: *Physicians Mutual Insurance Company* State Tracking Number:
 Company Tracking Number:
 TOI: *MS08I Individual Medicare Supplement - Standard Plans 2010* Sub-TOI: *MS08I.012 Multi-Plan 2010*
 Product Name: *2012 Standard Medicare Supplement 2010 Plans Rate Increase Filing*
 Project Name/Number: */*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Rate (revised)	Medicare Supplement Standard 2010 Plans A, F, HDF, G, N and Innovative Plan F Rider	Approved-Closed	Yes
Rate	Medicare Supplement Standard 2010 Plans A, F, HDF, G and Innovative Plan F Rider	Disapproved	No
Rate	Medicare Supplement Standard 2010 Plan n	Disapproved	Yes

SERFF Tracking Number: *PHYS-128218001* State: *Arkansas*
 Filing Company: *Physicians Mutual Insurance Company* State Tracking Number:
 Company Tracking Number:
 TOI: *MS08I Individual Medicare Supplement - Standard Plans 2010* Sub-TOI: *MS08I.012 Multi-Plan 2010*
 Product Name: *2012 Standard Medicare Supplement 2010 Plans Rate Increase Filing*
 Project Name/Number: */*

Disposition

Disposition Date: 04/24/2012

Implementation Date:

Status: Approved-Closed

Comment: The negotiated rate increase of 3% has been approved to be implemented on or after June 1, 2012. 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	8.000%	8.000%	\$11,821	122	\$147,761	8.000%	5.000%

SERFF Tracking Number: *PHYS-128218001* State: *Arkansas*
 Filing Company: *Physicians Mutual Insurance Company* State Tracking Number:
 Company Tracking Number:
 TOI: *MS08I Individual Medicare Supplement - Standard Plans 2010* Sub-TOI: *MS08I.012 Multi-Plan 2010*
 Product Name: *2012 Standard Medicare Supplement 2010 Plans Rate Increase Filing*
 Project Name/Number: */*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Rate (revised)	Medicare Supplement Standard 2010 Plans A, F, HDF, G, N and Innovative Plan F Rider	Approved-Closed	Yes
Rate	Medicare Supplement Standard 2010 Plans A, F, HDF, G and Innovative Plan F Rider	Disapproved	No
Rate	Medicare Supplement Standard 2010 Plan n	Disapproved	Yes

SERFF Tracking Number: *PHYS-128218001* State: *Arkansas*
 Filing Company: *Physicians Mutual Insurance Company* State Tracking Number:
 Company Tracking Number:
 TOI: *MS08I Individual Medicare Supplement - Standard Plans 2010* Sub-TOI: *MS08I.012 Multi-Plan 2010*
 Product Name: *2012 Standard Medicare Supplement 2010 Plans 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 and the relatively low loss ratio history indicated in this filing (indicating that Physicians Mutual has enjoyed healthy profits 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	8.000%	8.000%	\$11,821	122	\$147,761	8.000%	5.000%

SERFF Tracking Number: *PHYS-128218001* State: *Arkansas*
 Filing Company: *Physicians Mutual Insurance Company* State Tracking Number:
 Company Tracking Number:
 TOI: *MS08I Individual Medicare Supplement - Standard Plans 2010* Sub-TOI: *MS08I.012 Multi-Plan 2010*
 Product Name: *2012 Standard Medicare Supplement 2010 Plans Rate Increase Filing*
 Project Name/Number: */*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Rate (revised)	Medicare Supplement Standard 2010 Plans A, F, HDF, G, N and Innovative Plan F Rider	Approved-Closed	Yes
Rate	Medicare Supplement Standard 2010 Plans A, F, HDF, G and Innovative Plan F Rider	Disapproved	No
Rate	Medicare Supplement Standard 2010 Plan n	Disapproved	Yes

SERFF Tracking Number: *PHYS-128218001* State: *Arkansas*
Filing Company: *Physicians Mutual Insurance Company* State Tracking Number:
Company Tracking Number:
TOI: *MS081 Individual Medicare Supplement - Standard Plans 2010* Sub-TOI: *MS081.012 Multi-Plan 2010*
Product Name: *2012 Standard Medicare Supplement 2010 Plans Rate Increase Filing*
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 3% 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

SERFF Tracking Number: PHYS-128218001 State: Arkansas
 Filing Company: Physicians Mutual Insurance Company State Tracking Number:
 Company Tracking Number:
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.012 Multi-Plan 2010
 Standard Plans 2010
 Product Name: 2012 Standard Medicare Supplement 2010 Plans Rate Increase Filing
 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 3% increase on these plans. 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:
Medicare Supplement Standard 2010 Plans A, F, HDF, G, N and Innovative Plan F Rider	P020,P025,P026,P027,P029 Revised ,B345	Revised	Previous State Filing Number	PMIC National Area Factors.pdf MS-DISCOUNT-STD-AGE-020211.pdf AR_2012_Rates_3%.pdf
			Percent Rate Change Request	
			3	

Previous Version

Medicare Supplement Standard 2010	P020,P025,P026,P027,B345 Revised		Previous State Filing Number	AR_2012_Rates_AFGH DF345.pdf PMIC National Area
-----------------------------------	----------------------------------	--	------------------------------	--

SERFF Tracking Number: *PHYS-128218001* State: *Arkansas*
Filing Company: *Physicians Mutual Insurance Company* State Tracking Number:
Company Tracking Number:
TOI: *MS081 Individual Medicare Supplement - Standard Plans 2010* Sub-TOI: *MS081.012 Multi-Plan 2010*

Product Name: *2012 Standard Medicare Supplement 2010 Plans Rate Increase Filing*

Project Name/Number: */*

*Plans A, F, HDF,
G and Innovative
Plan F Rider*

*Factors.pdf
MS-DISCOUNT-STD-
AGE-020211.pdf*

Percent Rate Change Request

8

We appreciate your attention to this filing and look forward to the final approval.

Sincerely,
Debbie Thielen, Richie Hinman

SERFF Tracking Number: *PHYS-128218001* State: *Arkansas*
 Filing Company: *Physicians Mutual Insurance Company* State Tracking Number:
 Company Tracking Number:
 TOI: *MS08I Individual Medicare Supplement - Standard Plans 2010* Sub-TOI: *MS08I.012 Multi-Plan 2010*
 Product Name: *2012 Standard Medicare Supplement 2010 Plans Rate Increase Filing*
 Project Name/Number: */*

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: %

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

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	8.000%	8.000%	\$11,821	122	\$147,761	8.000%	5.000%

SERFF Tracking Number: *PHYS-128218001* State: *Arkansas*
 Filing Company: *Physicians Mutual Insurance Company* State Tracking Number:
 Company Tracking Number:
 TOI: *MS08I Individual Medicare Supplement - Standard Plans 2010* Sub-TOI: *MS08I.012 Multi-Plan 2010*
 Product Name: *2012 Standard Medicare Supplement 2010 Plans Rate Increase Filing*
 Project Name/Number: */*

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	Medicare Supplement Standard 2010 Plans A, F, HDF, G, N and Innovative Plan F Rider	P020, P025, P026, P027, P029, B345	Revised	Previous State Filing Number: Percent Rate Change Request: 3.000	PMIC National Area Factors.pdf MS-DISCOUNT-STD-AGE-020211.pdf AR_2012_Rates_3%.pdf
Disapprove 04/24/2012	Medicare Supplement Standard 2010 Plan n	P029	Revised	Previous State Filing Number: Percent Rate Change Request: 5.000	AR_2012_Rates_N.pdf

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

**MEDICARE SUPPLEMENT
AVAILABLE DISCOUNTS &
AGE FORGIVENESS RATING
AGENT SOLICITED BUSINESS**

<u>Discount</u>	<u>Amount</u>
Non Tobacco Discount Only	10%
Long Term Care Discount Only	10%
Annuity Discount Only	5%
Non Tobacco Discount with Long Term Care Discount	20%
Non Tobacco Discount with Annuity Discount	15%
Long Term Care Discount with Annuity Discount	15%
Non Tobacco Discount with Long Term Care, and Annuity Discounts	25%
Household Discount	\$5 per Month

Age Forgiveness Rating:

Applies to first-time buyers issued at ages 66-68. These individuals will pay premiums as if they were issued at age 65. This difference in age for rating purposes will remain for the life of the policy.

MS-DISCOUNT-STD-AGE-020211

CURRENT RATE SCHEDULES

PHYSICIANS MUTUAL INSURANCE COMPANY
 Table of Rates
 Medicare Supplement Policy

Plan A
 Arkansas
 2010

Automatic Bank Withdrawal
 Base Premiums

ISSUES FOR ALL DATES

Age	Agency Issue Age
65	\$136.60
66	\$136.60
67	\$136.60
68	\$136.60
69	\$136.60
70	\$136.60
71	\$136.60
72	\$136.60
73	\$136.60
74	\$136.60
75	\$136.60
76	\$136.60
77	\$136.60
78	\$136.60
79	\$136.60
80	\$136.60
81	\$136.60
82	\$136.60
83	\$136.60
84	\$136.60
85	\$136.60
86	\$136.60
87	\$136.60
88	\$136.60
89	\$136.60
90	\$136.60
91	\$136.60
92	\$136.60
93	\$136.60
94	\$136.60
95	\$136.60
96	\$136.60
97	\$136.60
98	\$136.60
99	\$136.60

Please refer to
 AREA-PMIC-
 033111 for areas
 and factors.

Please refer to
 MS-DISCOUNT-
 STD-AGE-020211 for
 areas and
 factors.

To obtain Monthly rates, add \$5 to the above quoted Automatic Bank Withdrawal rates. To obtain Quarterly, Semi-Annual, and Annual rates, multiply the above quoted Automatic Bank Withdrawal by 3, 6 and 12 respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY
 Table of Rates
 Medicare Supplement Policy

Plan F
 Arkansas
 2010

Automatic Bank Withdrawal
 Base Premiums

ISSUES FOR ALL DATES

Age	Agency Issue Age
65	\$242.74
66	\$242.74
67	\$242.74
68	\$242.74
69	\$242.74
70	\$242.74
71	\$242.74
72	\$242.74
73	\$242.74
74	\$242.74
75	\$242.74
76	\$242.74
77	\$242.74
78	\$242.74
79	\$242.74
80	\$242.74
81	\$242.74
82	\$242.74
83	\$242.74
84	\$242.74
85	\$242.74
86	\$242.74
87	\$242.74
88	\$242.74
89	\$242.74
90	\$242.74
91	\$242.74
92	\$242.74
93	\$242.74
94	\$242.74
95	\$242.74
96	\$242.74
97	\$242.74
98	\$242.74
99	\$242.74

Please refer to
 AREA-PMIC-
 033111 for areas
 and factors.

Please refer to
 MS-DISCOUNT-
 STD-AGE-020211 for
 areas and
 factors.

To obtain Monthly rates, add \$5 to the above quoted Automatic Bank Withdrawal rates. To obtain Quarterly, Semi-Annual, and Annual rates, multiply the above quoted Automatic Bank Withdrawal by 3, 6 and 12 respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY

Table of Rates

Medicare Supplement Policy

High Deductible Plan F

Arkansas

2010

Automatic Bank Withdrawal

Base Premiums

ISSUES FOR ALL DATES

Age	Agency Issue Age
65	\$89.89
66	\$89.89
67	\$89.89
68	\$89.89
69	\$89.89
70	\$89.89
71	\$89.89
72	\$89.89
73	\$89.89
74	\$89.89
75	\$89.89
76	\$89.89
77	\$89.89
78	\$89.89
79	\$89.89
80	\$89.89
81	\$89.89
82	\$89.89
83	\$89.89
84	\$89.89
85	\$89.89
86	\$89.89
87	\$89.89
88	\$89.89
89	\$89.89
90	\$89.89
91	\$89.89
92	\$89.89
93	\$89.89
94	\$89.89
95	\$89.89
96	\$89.89
97	\$89.89
98	\$89.89
99	\$89.89

Please refer to AREA-PMIC-033111 for areas and factors.

Please refer to MS-DISCOUNT-STD-AGE-020211 for areas and factors.

To obtain Monthly rates, add \$5 to the above quoted Automatic Bank Withdrawal rates. To obtain Quarterly, Semi-Annual, and Annual rates, multiply the above quoted Automatic Bank Withdrawal by 3, 6 and 12 respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY
 Table of Rates
 Medicare Supplement Policy

B345
 Arkansas
 2010

Automatic Bank Withdrawal
 Base Premiums

ISSUES FOR ALL DATES

Age	Agency Issue Age
65	\$-72.82
66	\$-72.82
67	\$-72.82
68	\$-72.82
69	\$-72.82
70	\$-72.82
71	\$-72.82
72	\$-72.82
73	\$-72.82
74	\$-72.82
75	\$-72.82
76	\$-72.82
77	\$-72.82
78	\$-72.82
79	\$-72.82
80	\$-72.82
81	\$-72.82
82	\$-72.82
83	\$-72.82
84	\$-72.82
85	\$-72.82
86	\$-72.82
87	\$-72.82
88	\$-72.82
89	\$-72.82
90	\$-72.82
91	\$-72.82
92	\$-72.82
93	\$-72.82
94	\$-72.82
95	\$-72.82
96	\$-72.82
97	\$-72.82
98	\$-72.82
99	\$-72.82

Please refer to
 AREA-PMIC-
 033111 for areas
 and factors.

Please refer to
 MS-DISCOUNT-
 STD-AGE-020211 for
 areas and
 factors.

Monthly rates are equal to the Automatic Bank Withdrawal rates. To obtain Quarterly, Semi-Annual, and Annual rates, multiply the above quoted Automatic Bank Withdrawal by 3, 6 and 12 respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY
 Table of Rates
 Medicare Supplement Policy

Plan G
 Arkansas
 2010

Automatic Bank Withdrawal
 Base Premiums

ISSUES FOR ALL DATES

Age	Agency Issue Age
65	\$187.62
66	\$187.62
67	\$187.62
68	\$187.62
69	\$187.62
70	\$187.62
71	\$187.62
72	\$187.62
73	\$187.62
74	\$187.62
75	\$187.62
76	\$187.62
77	\$187.62
78	\$187.62
79	\$187.62
80	\$187.62
81	\$187.62
82	\$187.62
83	\$187.62
84	\$187.62
85	\$187.62
86	\$187.62
87	\$187.62
88	\$187.62
89	\$187.62
90	\$187.62
91	\$187.62
92	\$187.62
93	\$187.62
94	\$187.62
95	\$187.62
96	\$187.62
97	\$187.62
98	\$187.62
99	\$187.62

Please refer to
 AREA-PMIC-
 033111 for areas
 and factors.

Please refer to
 MS-DISCOUNT-
 STD-AGE-020211 for
 areas and
 factors.

To obtain Monthly rates, add \$5 to the above quoted Automatic Bank Withdrawal rates. To obtain Quarterly, Semi-Annual, and Annual rates, multiply the above quoted Automatic Bank Withdrawal by 3, 6 and 12 respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY
 Table of Rates
 Medicare Supplement Policy

Plan N
 Arkansas
 2011

Automatic Bank Withdrawal
 Base Premiums

ISSUES FOR ALL DATES

Age	Agency Issue Age
65	\$179.63
66	\$179.63
67	\$179.63
68	\$179.63
69	\$179.63
70	\$179.63
71	\$179.63
72	\$179.63
73	\$179.63
74	\$179.63
75	\$179.63
76	\$179.63
77	\$179.63
78	\$179.63
79	\$179.63
80	\$179.63
81	\$179.63
82	\$179.63
83	\$179.63
84	\$179.63
85	\$179.63
86	\$179.63
87	\$179.63
88	\$179.63
89	\$179.63
90	\$179.63
91	\$179.63
92	\$179.63
93	\$179.63
94	\$179.63
95	\$179.63
96	\$179.63
97	\$179.63
98	\$179.63
99	\$179.63

Please refer to
 AREA-PMIC-
 033111 for areas
 and factors.

Please refer to
 MS-DISCOUNT-
 STD-AGE-020211 for
 areas and
 factors.

To obtain Monthly rates, add \$5 to the above quoted Automatic Bank Withdrawal rates. To obtain Quarterly, Semi-Annual, and Annual rates, multiply the above quoted Automatic Bank Withdrawal by 3, 6 and 12 respectively.

PROPOSED RATE SCHEDULES

PHYSICIANS MUTUAL INSURANCE COMPANY
 Table of Rates
 Medicare Supplement Policy

Plan A
 Arkansas
 2012

Automatic Bank Withdrawal
 Base Premiums

ISSUES FOR ALL DATES

Age	Agency Issue Age
65	\$140.70
66	\$140.70
67	\$140.70
68	\$140.70
69	\$140.70
70	\$140.70
71	\$140.70
72	\$140.70
73	\$140.70
74	\$140.70
75	\$140.70
76	\$140.70
77	\$140.70
78	\$140.70
79	\$140.70
80	\$140.70
81	\$140.70
82	\$140.70
83	\$140.70
84	\$140.70
85	\$140.70
86	\$140.70
87	\$140.70
88	\$140.70
89	\$140.70
90	\$140.70
91	\$140.70
92	\$140.70
93	\$140.70
94	\$140.70
95	\$140.70
96	\$140.70
97	\$140.70
98	\$140.70
99	\$140.70

Please refer to
 AREA-PMIC-
 033111 for areas
 and factors.

Please refer to
 MS-DISCOUNT-
 STD-AGE-020211 for
 areas and
 factors.

To obtain Monthly rates, add \$5 to the above quoted Automatic Bank Withdrawal rates. To obtain Quarterly, Semi-Annual, and Annual rates, multiply the above quoted Automatic Bank Withdrawal by 3, 6 and 12 respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY
 Table of Rates
 Medicare Supplement Policy

Plan F
 Arkansas
 2012

Automatic Bank Withdrawal
 Base Premiums

ISSUES FOR ALL DATES

Age	Agency Issue Age
65	\$250.02
66	\$250.02
67	\$250.02
68	\$250.02
69	\$250.02
70	\$250.02
71	\$250.02
72	\$250.02
73	\$250.02
74	\$250.02
75	\$250.02
76	\$250.02
77	\$250.02
78	\$250.02
79	\$250.02
80	\$250.02
81	\$250.02
82	\$250.02
83	\$250.02
84	\$250.02
85	\$250.02
86	\$250.02
87	\$250.02
88	\$250.02
89	\$250.02
90	\$250.02
91	\$250.02
92	\$250.02
93	\$250.02
94	\$250.02
95	\$250.02
96	\$250.02
97	\$250.02
98	\$250.02
99	\$250.02

Please refer to
 AREA-PMIC-
 033111 for areas
 and factors.

Please refer to
 MS-DISCOUNT-
 STD-AGE-020211 for
 areas and
 factors.

To obtain Monthly rates, add \$5 to the above quoted Automatic Bank Withdrawal rates. To obtain Quarterly, Semi-Annual, and Annual rates, multiply the above quoted Automatic Bank Withdrawal by 3, 6 and 12 respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY

Table of Rates

Medicare Supplement Policy

High Deductible Plan F

Arkansas

2012

Automatic Bank Withdrawal
Base Premiums

ISSUES FOR ALL DATES

Age	Agency Issue Age
65	\$92.59
66	\$92.59
67	\$92.59
68	\$92.59
69	\$92.59
70	\$92.59
71	\$92.59
72	\$92.59
73	\$92.59
74	\$92.59
75	\$92.59
76	\$92.59
77	\$92.59
78	\$92.59
79	\$92.59
80	\$92.59
81	\$92.59
82	\$92.59
83	\$92.59
84	\$92.59
85	\$92.59
86	\$92.59
87	\$92.59
88	\$92.59
89	\$92.59
90	\$92.59
91	\$92.59
92	\$92.59
93	\$92.59
94	\$92.59
95	\$92.59
96	\$92.59
97	\$92.59
98	\$92.59
99	\$92.59

Please refer to
AREA-PMIC-
033111 for areas
and factors.

Please refer to
MS-DISCOUNT-
STD-AGE-020211 for
areas and
factors.

To obtain Monthly rates, add \$5 to the above quoted Automatic Bank Withdrawal rates. To obtain Quarterly, Semi-Annual, and Annual rates, multiply the above quoted Automatic Bank Withdrawal by 3, 6 and 12 respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY
 Table of Rates
 Medicare Supplement Policy

B345
 Arkansas
 2012

Automatic Bank Withdrawal
 Base Premiums

ISSUES FOR ALL DATES

Age	Agency Issue Age
65	\$-75.00
66	\$-75.00
67	\$-75.00
68	\$-75.00
69	\$-75.00
70	\$-75.00
71	\$-75.00
72	\$-75.00
73	\$-75.00
74	\$-75.00
75	\$-75.00
76	\$-75.00
77	\$-75.00
78	\$-75.00
79	\$-75.00
80	\$-75.00
81	\$-75.00
82	\$-75.00
83	\$-75.00
84	\$-75.00
85	\$-75.00
86	\$-75.00
87	\$-75.00
88	\$-75.00
89	\$-75.00
90	\$-75.00
91	\$-75.00
92	\$-75.00
93	\$-75.00
94	\$-75.00
95	\$-75.00
96	\$-75.00
97	\$-75.00
98	\$-75.00
99	\$-75.00

Please refer to
 AREA-PMIC-
 033111 for areas
 and factors.

Please refer to
 MS-DISCOUNT-
 STD-AGE-020211 for
 areas and
 factors.

Monthly rates are equal to the Automatic Bank Withdrawal rates. To obtain Quarterly, Semi-Annual, and Annual rates, multiply the above quoted Automatic Bank Withdrawal by 3, 6 and 12 respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY
 Table of Rates
 Medicare Supplement Policy

Plan G
 Arkansas
 2012

Automatic Bank Withdrawal
 Base Premiums

ISSUES FOR ALL DATES

Age	Agency Issue Age
65	\$193.25
66	\$193.25
67	\$193.25
68	\$193.25
69	\$193.25
70	\$193.25
71	\$193.25
72	\$193.25
73	\$193.25
74	\$193.25
75	\$193.25
76	\$193.25
77	\$193.25
78	\$193.25
79	\$193.25
80	\$193.25
81	\$193.25
82	\$193.25
83	\$193.25
84	\$193.25
85	\$193.25
86	\$193.25
87	\$193.25
88	\$193.25
89	\$193.25
90	\$193.25
91	\$193.25
92	\$193.25
93	\$193.25
94	\$193.25
95	\$193.25
96	\$193.25
97	\$193.25
98	\$193.25
99	\$193.25

Please refer to
 AREA-PMIC-
 033111 for areas
 and factors.

Please refer to
 MS-DISCOUNT-
 STD-AGE-020211 for
 areas and
 factors.

To obtain Monthly rates, add \$5 to the above quoted Automatic Bank Withdrawal rates. To obtain Quarterly, Semi-Annual, and Annual rates, multiply the above quoted Automatic Bank Withdrawal by 3, 6 and 12 respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY
 Table of Rates
 Medicare Supplement Policy

Plan N
 Arkansas
 2012

Automatic Bank Withdrawal
 Base Premiums

ISSUES FOR ALL DATES

Age	Agency Issue Age
65	\$185.02
66	\$185.02
67	\$185.02
68	\$185.02
69	\$185.02
70	\$185.02
71	\$185.02
72	\$185.02
73	\$185.02
74	\$185.02
75	\$185.02
76	\$185.02
77	\$185.02
78	\$185.02
79	\$185.02
80	\$185.02
81	\$185.02
82	\$185.02
83	\$185.02
84	\$185.02
85	\$185.02
86	\$185.02
87	\$185.02
88	\$185.02
89	\$185.02
90	\$185.02
91	\$185.02
92	\$185.02
93	\$185.02
94	\$185.02
95	\$185.02
96	\$185.02
97	\$185.02
98	\$185.02
99	\$185.02

Please refer to
 AREA-PMIC-
 033111 for areas
 and factors.

Please refer to
 MS-DISCOUNT-
 STD-AGE-020211 for
 areas and
 factors.

To obtain Monthly rates, add \$5 to the above quoted Automatic Bank Withdrawal rates. To obtain Quarterly, Semi-Annual, and Annual rates, multiply the above quoted Automatic Bank Withdrawal by 3, 6 and 12 respectively.

SERFF Tracking Number: *PHYS-128218001* State: *Arkansas*
 Filing Company: *Physicians Mutual Insurance Company* State Tracking Number:
 Company Tracking Number:
 TOI: *MS08I Individual Medicare Supplement - Standard Plans 2010* Sub-TOI: *MS08I.012 Multi-Plan 2010*
 Product Name: *2012 Standard Medicare Supplement 2010 Plans 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)
03/30/2012	Rate and Rule	Medicare Supplement Standard 2010 Plans A, F, HDF, G and Innovative Plan F Rider	04/24/2012	AR_2012_Rates_AFGHDF34 5.pdf (Superseded) PMIC National Area Factors.pdf MS-DISCOUNT-STD-AGE-020211.pdf