

**State:** Arkansas **Filing Company:** Physicians Mutual Insurance Company  
**TOI/Sub-TOI:** MS05I Individual Medicare Supplement - Standard Plans/MS05I.001 Plan A  
**Product Name:** 2013 Mutual Company Standardized Medicare Supplement Rate Filing  
**Project Name/Number:** /

## Filing at a Glance

Company: Physicians Mutual Insurance Company  
Product Name: 2013 Mutual Company Standardized Medicare Supplement Rate Filing  
State: Arkansas  
TOI: MS05I Individual Medicare Supplement - Standard Plans  
Sub-TOI: MS05I.001 Plan A  
Filing Type: Rate  
Date Submitted: 12/11/2012  
SERFF Tr Num: PHYS-128805549  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num:  
  
Implementation: 04/01/2013  
Date Requested:  
Author(s): Richie Hinman  
Reviewer(s): Stephanie Fowler (primary)  
Disposition Date: 01/16/2013  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

**State:** Arkansas **Filing Company:** Physicians Mutual Insurance Company  
**TOI/Sub-TOI:** MS05I Individual Medicare Supplement - Standard Plans/MS05I.001 Plan A  
**Product Name:** 2013 Mutual Company Standardized Medicare Supplement Rate Filing  
**Project Name/Number:** /

## General Information

Project Name: Status of Filing in Domicile: Pending  
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: Filing Status Changed: 01/16/2013  
State Status Changed: 01/16/2013  
Deemer Date: Created By: Richie Hinman  
Submitted By: Richie Hinman Corresponding Filing Tracking Number:

### Filing Description:

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

Regarding Plans A, B, C and F, 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.

In prior years we have also included with this filing a proposal for a rate revision. However, for 2013, we feel our experience does not necessitate a rate increase, therefore none is proposed.

For all other plans, 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 increase. It 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 please do not hesitate to contact me via SERFF, or at the e-mail address or phone numbers shown below.

Sincerely,

Richie Hinman, FLMI  
Rating Supervisor  
Voice: (402) 633-5782  
Fax: (402) 633-1096  
E-mail: richie.hinman@physiciansmutual.com

**State:** Arkansas **Filing Company:** Physicians Mutual Insurance Company  
**TOI/Sub-TOI:** MS05I Individual Medicare Supplement - Standard Plans/MS05I.001 Plan A  
**Product Name:** 2013 Mutual Company Standardized Medicare Supplement Rate Filing  
**Project Name/Number:** /

## 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]

### 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:  
 Per Company: No

Company	Amount	Date Processed	Transaction #
Physicians Mutual Insurance Company	\$300.00	12/11/2012	65642048

**SERFF Tracking #:**

PHYS-128805549

**State Tracking #:****Company Tracking #:****State:**

Arkansas

**Filing Company:**

Physicians Mutual Insurance Company

**TOI/Sub-TOI:**

MS05I Individual Medicare Supplement - Standard Plans/MS05I.001 Plan A

**Product Name:**

2013 Mutual Company Standardized Medicare Supplement Rate Filing

**Project Name/Number:**

/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	01/16/2013	01/16/2013

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Current Rate Schedules	Richie Hinman	01/15/2013	01/15/2013

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to Re-Open Filing	Note To Reviewer	Richie Hinman	01/10/2013	01/10/2013

SERFF Tracking #:

PHYS-128805549

State Tracking #:

Company Tracking #:

**State:** Arkansas **Filing Company:** Physicians Mutual Insurance Company  
**TOI/Sub-TOI:** MS05I Individual Medicare Supplement - Standard Plans/MS05I.001 Plan A  
**Product Name:** 2013 Mutual Company Standardized Medicare Supplement Rate Filing  
**Project Name/Number:** /

## Disposition

Disposition Date: 01/16/2013

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	185	\$629,955	6.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	No
<b>Rate</b>	Current Rate Schedules for Plans A, B, C and F	Disapproved	No
<b>Rate</b>	Current and Proposed Rate Schedules for Plans G and J	Disapproved	No
<b>Rate</b>	Current Rate Schedules	Approved-Closed	Yes

SERFF Tracking #:

PHYS-128805549

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Physicians Mutual Insurance Company

TOI/Sub-TOI:

MS05I Individual Medicare Supplement - Standard Plans/MS05I.001 Plan A

Product Name:

2013 Mutual Company Standardized Medicare Supplement Rate Filing

Project Name/Number:

/

## Amendment Letter

Submitted Date: 01/15/2013

Comments:

This filing has been amended to satisfy the annual filing requirements for Medicare Supplement. The rate increase previously proposed has been withdrawn. Please let me know if you have any questions or need additional information.

Changed Items:

*No Form Schedule Items Changed.*

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Current Rate Schedules	P620, P621, P622, P625, P626, P629	Revised	Previous State Filing Number:  Percent Rate Change Request:	AR_2013_Rates_ABCFGJ.pdf,	01/15/2013 By:

*No Supporting Documents Changed.*

**State:** Arkansas **Filing Company:** Physicians Mutual Insurance Company  
**TOI/Sub-TOI:** MS05I Individual Medicare Supplement - Standard Plans/MS05I.001 Plan A  
**Product Name:** 2013 Mutual Company Standardized Medicare Supplement Rate Filing  
**Project Name/Number:** /

## Note To Reviewer

**Created By:**

Richie Hinman on 01/10/2013 07:54 AM

**Last Edited By:**

Richie Hinman

**Submitted On:**

01/10/2013 07:54 AM

**Subject:**

Request to Re-Open Filing

**Comments:**

Please re-open this filing so we can make the necessary amendments. Thank you.

**State:** Arkansas **Filing Company:** Physicians Mutual Insurance Company  
**TOI/Sub-TOI:** MS05I Individual Medicare Supplement - Standard Plans/MS05I.001 Plan A  
**Product Name:** 2013 Mutual Company Standardized Medicare Supplement Rate Filing  
**Project Name/Number:** /

## Post Submission Update Request Processed On 01/16/2013

**Status:** Allowed  
**Created By:** Richie Hinman  
**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%	0.100%
Overall % Rate Impact	0.000%	0.100%
Written Premium Change for this Program	\$0	\$573

SERFF Tracking #:

PHYS-128805549

State Tracking #:

Company Tracking #:

**State:** Arkansas **Filing Company:** Physicians Mutual Insurance Company  
**TOI/Sub-TOI:** MS05I Individual Medicare Supplement - Standard Plans/MS05I.001 Plan A  
**Product Name:** 2013 Mutual Company Standardized Medicare Supplement Rate Filing  
**Project Name/Number:** /

### Rate Information

Rate data applies to filing.

**Filing Method:** SERFF  
**Rate Change Type:** Increase  
**Overall Percentage of Last Rate Revision:** 2.000%  
**Effective Date of Last Rate Revision:** 07/01/2012  
**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	185	\$629,955	6.000%	0.000%

SERFF Tracking #:

PHYS-128805549

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Physicians Mutual Insurance Company

TOI/Sub-TOI:

MS05I Individual Medicare Supplement - Standard Plans/MS05I.001 Plan A

Product Name:

2013 Mutual Company Standardized Medicare Supplement Rate Filing

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
1	Approved-Closed 01/16/2013	Current Rate Schedules	P620, P621, P622, P625, P626, P629	Revised	Previous State Filing Number:		AR_2013_Rates_ABC FGJ.pdf
					Percent Rate Change Request:		

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P620  
AGENCY SALES  
PLAN A  
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$160.57

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 .

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:  
AG-STD-112993

ISSUES PRIOR TO JUNE 1, 1999

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P620A  
AGENCY SALES  
PLAN A  
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$165.38

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

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:  
AREA-STD-071205

ISSUES FROM JUNE 1, 1999 TO MAY 31, 2000

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P620A  
AGENCY SALES  
PLAN A  
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$152.53

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

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:  
AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P620  
DIRECT RESPONSE SALES  
PLAN A  
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$159.24

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

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:  
DR-STD-070193

ISSUES PRIOR TO JUNE 1, 1999

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P620A  
DIRECT RESPONSE SALES  
PLAN A  
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$164.02

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

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:  
AREA-STD-071205

ISSUES FROM JUNE 1, 1999 TO MAY 31, 2000

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P620A  
DIRECT RESPONSE SALES  
PLAN A  
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$151.29

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

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:  
AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P621A  
AGENCY SALES  
PLAN B  
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$209.00

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

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:  
AREA-STD-071205

ISSUES FROM JUNE 1, 1999 TO MAY 31, 2000

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P621A  
AGENCY SALES  
PLAN B  
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$191.36

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

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:  
AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P621  
DIRECT RESPONSE SALES  
PLAN B  
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$219.21

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.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:  
DR-STD-070193

ISSUES PRIOR TO JUNE 1, 1999

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P621A  
DIRECT RESPONSE SALES  
PLAN B  
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$225.74

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

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:  
AREA-STD-071205

ISSUES FROM JUNE 1, 1999 TO MAY 31, 2000

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P621A  
DIRECT RESPONSE SALES  
PLAN B  
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$206.66

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

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:  
AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P622  
AGENCY SALES  
PLAN C  
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$337.77

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 .

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:  
AG-STD-112993

ISSUES PRIOR TO JUNE 1, 1999

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P622A  
AGENCY SALES  
PLAN C  
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$347.90

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 .

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:  
AREA-STD-071205

ISSUES FROM JUNE 1, 1999 TO MAY 31, 2000

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P622A  
AGENCY SALES  
PLAN C  
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$318.74

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 .

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:  
AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P622  
DIRECT RESPONSE SALES  
PLAN C  
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$326.92

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

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:  
DR-STD-070193

ISSUES PRIOR TO JUNE 1, 1999

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P622A  
DIRECT RESPONSE SALES  
PLAN C  
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$336.66

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

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:  
AREA-STD-071205

ISSUES FROM JUNE 1, 1999 TO MAY 31, 2000

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P622A  
DIRECT RESPONSE SALES  
PLAN C  
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$308.49

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

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:  
AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P625  
AGENCY SALES  
PLAN F  
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$300.24

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 .

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:  
AG-STD-112993

ISSUES PRIOR TO JUNE 1, 1999

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P625A  
AGENCY SALES  
PLAN F  
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$309.64

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

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:  
AREA-STD-071205

ISSUES FROM JUNE 1, 1999 TO MAY 31, 2000

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P625A  
AGENCY SALES  
PLAN F  
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$282.88

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

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:  
AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P625  
DIRECT RESPONSE SALES  
PLAN F  
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$282.54

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

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:  
DR-STD-070193

ISSUES PRIOR TO JUNE 1, 1999

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P625A  
DIRECT RESPONSE SALES  
PLAN F  
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$292.44

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

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:  
AREA-STD-071205

ISSUES FROM JUNE 1, 1999 TO MAY 31, 2000

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P625A  
DIRECT RESPONSE SALES  
PLAN F  
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$267.14

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

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:  
AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

PHYSICIANS MUTUAL INSURANCE COMPANY  
Table of Rates  
Medicare Supplement Policy

Plan G  
Arkansas  
2012

Automatic Bank Withdrawal  
Base Premiums

ISSUES ON OR AFTER Apr 1, 2003
--------------------------------------

Age	Agency Issue Age
65-99	\$217.05

Please refer to  
AREA -STD-  
071205 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  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P629  
AGENCY SALES  
PLAN J  
ARKANSAS

<u>AGE</u>	<u>2012 MONTHLY BASE PREMIUM</u>
00-99	\$795.77

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 .

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS:  
AG-STD-112993