

SERFF Tracking Number: AMLC-128331398 State: District of Columbia
Filing Company: Globe Life and Accident Insurance Company State Tracking Number:
Company Tracking Number: 2011 MED SUPP REFUND CALCULATION
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: 2011 MED SUPP REFUND CALCULATION GL
Project Name/Number: 2011 MED SUPP REFUND REPORT/2011 MED SUPP REFUND REPORT

Filing at a Glance

Company: Globe Life and Accident Insurance Company

Product Name: 2011 MED SUPP REFUND CALCULATION GL SERFF Tr Num: AMLC-128331398 State: District of Columbia

TOI: MS06 Medicare Supplement - Other

SERFF Status: Assigned

State Tr Num:

Sub-TOI: MS06.000 Medicare Supplement - Other

Co Tr Num: 2011 MED SUPP REFUND CALCULATION

State Status:

Filing Type: Rate

Reviewer(s): Carolyn King, Efren Tanhehco

Author: Jan Robinson

Disposition Date:

Date Submitted: 05/03/2012

Disposition Status:

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 2011 MED SUPP REFUND REPORT

Status of Filing in Domicile:

Project Number: 2011 MED SUPP REFUND REPORT

Date Approved in Domicile:

Requested Filing Mode: Informational

Domicile Status Comments:

Explanation for Combination/Other:

Market Type:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/08/2012

State Status Changed:

Deemer Date:

Created By: Jan Robinson

Submitted By: Jan Robinson

Corresponding Filing Tracking Number: 2011 MED SUPP REFUND CALCULATION

Filing Description:

2011 MED SUPP REFUND CALCULATION

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

NAIC 91472

State Narrative:

Company and Contact

Filing Contact Information

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Jan Robinson, Rate Compliance Specialist jrobinson@torchmarkcorp.com
 3700 S. Stonebridge Drive 972-569-3670 [Phone]
 McKinney, TX 75070 972-569-3679 [FAX]

Filing Company Information

Globe Life and Accident Insurance Company	CoCode: 91472	State of Domicile: Nebraska
204 North Robinson Avenue	Group Code: 290	Company Type: Life and Health
Oklahoma City, OK 73102	Group Name: Liberty National	State ID Number:
(405) 270-1400 ext. [Phone]	FEIN Number: 63-0782739	

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Globe Life and Accident Insurance Company	\$0.00		

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Actuarial Justification		
Bypass Reason: NA		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: 2011 MED SUPP REFUND CALCULATION		
Comments:		
Attachments:		
GN 2011 DC - Cover Letter.pdf		
GN 2011 DC.pdf		



**GLOBE LIFE AND ACCIDENT
INSURANCE COMPANY**

3700 S. Stonebridge Drive • P.O. Box 8080 • McKinney, TX 75070-8080

May 2, 2012

Honorable William P. White
Commissioner of Insurance, Securities & Banking
District of Columbia Dept. of Insurance
810 First Street, NE #701
Washington, DC 20002

RE: 2011 Medicare Supplement Refund Calculation

Enclosed are the Refund Calculations for the following policy forms with issues in your state:

Pre-Standardized Policy Forms Combined

Individual Standardized Policy Forms

If you have any questions, or need further information, please call me at (469) 525-4818.

Sincerely,

A handwritten signature in black ink that reads "Christopher Pailes".

Christopher Pailes
Actuarial Department

CP/sjs

Enclosures

**REPORTING FORM FOR THE CALCULATION OF BENCHMARK RATIO SINCE INCEPTION FOR INDIVIDUAL POLICIES
FOR CALENDAR YEAR 2011**

TYPE¹: INDIVIDUAL SMSBP²: P
 FOR THE STATE OF: DIST OF COL
 COMPANY NAME: GLOBE LIFE & ACCIDENT INSURANCE COMPANY
 NAIC GROUP CODE: 290 NAIC COMPANY CODE: 91472
 ADDRESS: 204 N. ROBINSON AVE., OKLAHOMA CITY, OK 73102
 PERSON COMPLETING EXHIBIT: CHRISTOPHER J. PAILES
 TITLE: ACTUARIAL ASSISTANT TELEPHONE NUMBER: (469) 525-4818

(A) ³	(B) ⁴	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(O) ⁵
YEAR	EARNED PREMIUM	FACTOR	(B) x (C)	CUMULATIVE LOSS RATIO	(D) x (E)	FACTOR	(B) x (G)	CUMULATIVE LOSS RATIO	(H) x (I)	POLICY YEAR LOSS RATIO
1	0	2.770	0	0.442	0	0.000	0	0.000	0	0.400
2	0	4.175	0	0.493	0	0.000	0	0.000	0	0.550
3	0	4.175	0	0.493	0	1.194	0	0.659	0	0.650
4	0	4.175	0	0.493	0	2.245	0	0.669	0	0.670
5	0	4.175	0	0.493	0	3.170	0	0.678	0	0.690
6	0	4.175	0	0.493	0	3.998	0	0.686	0	0.710
7	0	4.175	0	0.493	0	4.754	0	0.695	0	0.730
8	0	4.175	0	0.493	0	5.445	0	0.702	0	0.750
9	0	4.175	0	0.493	0	6.075	0	0.708	0	0.760
10	0	4.175	0	0.493	0	6.650	0	0.713	0	0.760
11	0	4.175	0	0.493	0	7.176	0	0.717	0	0.760
12	0	4.175	0	0.493	0	7.655	0	0.720	0	0.770
13	0	4.175	0	0.493	0	8.093	0	0.723	0	0.770
14	0	4.175	0	0.493	0	8.493	0	0.725	0	0.770
15	703	4.175	2,935	0.493	1,447	8,684	6,105	0.725	4,426	0.770
16	0	4.175	0	0.493	0	8,684	0	0.725	0	0.770
17	0	4.175	0	0.493	0	8,684	0	0.725	0	0.770
18	0	4.175	0	0.493	0	8,684	0	0.725	0	0.770
19	0	4.175	0	0.493	0	8,684	0	0.725	0	0.770
20	0	4.175	0	0.493	0	8,684	0	0.725	0	0.770
TOTAL:	703		(K): 2,935		(L): 1,447		(M): 6,105		(N): 4,426	

BENCHMARK RATIO SINCE INCEPTION: (L + N)/(K + M): 0.650

¹ INDIVIDUAL, GROUP, INDIVIDUAL MEDICARE SELECT, OR GROUP MEDICARE SELECT ONLY.

² "SMSBP" = STANDARDIZED MEDICARE SUPPLEMENT BENEFIT PLAN - USE "P" FOR PRE-STANDARDIZED PLANS.

³ YEAR 1 IS THE CURRENT CALENDAR YEAR - 1. YEAR 2 IS THE CURRENT CALENDAR YEAR - 2 (ETC.)
(EXAMPLE: IF THE CURRENT YEAR IS 1991, THEN: YEAR 1 IS 1990, YEAR 2 IS 1989, ETC.)

⁴ FOR THE CALENDAR YEAR ON THE APPROPRIATE LINE IN COLUMN (A),
THE PREMIUM EARNED DURING THAT YEAR FOR POLICIES ISSUED IN THAT YEAR.

⁵ THESE LOSS RATIOS ARE NOT EXPLICITLY USED IN COMPUTING THE BENCHMARK LOSS RATIOS. THEY ARE THE LOSS RATIOS,
ON A POLICY YEAR BASIS, WHICH RESULT IN THE CUMULATIVE LOSS RATIOS DISPLAYED ON THIS WORKSHEET. THEY ARE SHOWN
HERE FOR INFORMATIONAL PURPOSES ONLY.

**MEDICARE SUPPLEMENT REFUND CALCULATION FORM
FOR CALENDAR YEAR 2011**

TYPE¹: INDIVIDUAL SMSBP²: P
 FOR THE STATE OF: DIST OF COL
 COMPANY NAME: GLOBE LIFE & ACCIDENT INSURANCE COMPANY
 NAIC GROUP CODE: 290 NAIC COMPANY CODE: 91472
 ADDRESS: 204 N. ROBINSON AVE., OKLAHOMA CITY, OK 73102
 PERSON COMPLETING EXHIBIT: CHRISTOPHER J. PAILES
 TITLE: ACTUARIAL ASSISTANT TELEPHONE NUMBER: (469) 525-4818

	(A) EARNED PREMIUM ³	(B) INCURRED CLAIMS ⁴
1. CURRENT YEAR'S EXPERIENCE		
A. TOTAL (ALL POLICY YEARS)	0	0
B. CURRENT YEAR'S ISSUES ⁵	0	0
C. NET (FOR REPORTING PURPOSES = LINE 1A - LINE 1B)	0	0
2. PAST YEAR'S EXPERIENCE (ALL POLICY YEARS)	1,499	0
3. TOTAL EXPERIENCE (NET CURRENT YEAR + PAST YEAR'S EXPERIENCE)	1,499	0
4. REFUNDS LAST YEAR (EXCLUDING INTEREST)	0	
5. PREVIOUS SINCE INCEPTION (EXCLUDING INTEREST)	0	
6. REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	0	
7. BENCHMARK RATIO SINCE INCEPTION (SEE WORKSHEET FOR RATIO 1)	0.650	
8. EXPERIENCED RATIO SINCE INCEPTION (RATIO 2)		
TOTAL ACTUAL INCURRED CLAIMS (LINE 3, COL B)	0.000	
TOTAL EARNED PREM.(LINE 3, COL A) - REFUNDS SINCE INCEPTION (LINE 6)		
9. LIFE YEARS EXPOSED SINCE INCEPTION (IF THE EXPERIENCED RATIO IS LESS THAN THE BENCHMARK RATIO, AND THERE ARE MORE THAN 500 LIFE YEARS EXPOSURE, THEN PROCEED TO CALCULATION OF REFUND.)	2	
10. TOLERANCE PERMITTED (OBTAINED FROM CREDIBILITY TABLE)		NO CREDIBILITY

MEDICARE SUPPLEMENT CREDIBILITY TABLE	
LIFE YEARS EXPOSED	
SINCE INCEPTION	TOLERANCE
10,000 +	0.0%
5,000 - 9,999	5.0%
2,500 - 4,999	7.5%
1,000 - 2,499	10.0%
500 - 999	15.0%
IF LESS THAN 500, NO CREDIBILITY.	

11. ADJUSTMENT TO INCURRED CLAIMS FOR CREDIBILITY (RATIO 3 = RATIO 2 + TOLERANCE) IF RATIO 3 IS MORE THAN BENCHMARK RATIO (RATIO 1), A REFUND OR CREDIT TO PREMIUM IS NOT REQUIRED. IF RATIO 3 IS LESS THAN THE BENCHMARK RATIO, THEN PROCEED.	0.000
12. ADJUSTED INCURRED CLAIMS [TOTAL EARNED PREMIUMS (LINE 3, COL A) - REFUNDS SINCE INCEPTION (LINE 6)] x RATIO 3 (LINE 11)	0
13. REFUND = TOTAL EARNED PREMIUMS (LINE 3, COL A) - REFUNDS SINCE INCEPTION (LINE 6) - [ADJUSTED INCURRED CLAIMS (LINE 12) / BENCHMARK RATIO (RATIO 1)]	0

IF THE AMOUNT ON LINE 13 IS LESS THAN .005 TIMES THE ANNUALIZED PREMIUM IN FORCE AS OF DECEMBER 31 OF THE REPORTING YEAR, THEN NO REFUND IS MADE. OTHERWISE, THE AMOUNT ON LINE 13 IS TO BE REFUNDED OR CREDITED, AND A DESCRIPTION OF THE REFUND AND/OR CREDIT AGAINST PREMIUMS TO BE USED MUST BE ATTACHED TO THIS FORM.

I CERTIFY THAT THE ABOVE INFORMATION AND CALCULATIONS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.



SIGNATURE

CHRISTOPHER J. PAILES
NAME - PLEASE TYPE

ACTUARIAL ASSISTANT
TITLE

4/11/2012
DATE

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³ INCLUDES MODAL LOADINGS AND FEES CHARGED.

⁴ EXCLUDES ACTIVE LIFE RESERVES.

⁵ THIS IS TO BE USED AS "ISSUE YEAR EARNED PREMIUM" FOR YEAR 1 OF NEXT YEAR'S "WORKSHEET FOR CALCULATION OF BENCHMARK RATIOS"

**REPORTING FORM FOR THE CALCULATION OF BENCHMARK RATIO SINCE INCEPTION FOR INDIVIDUAL POLICIES
FOR CALENDAR YEAR 2011**

TYPE¹: INDIVIDUAL SMSBP²: A
 FOR THE STATE OF: DIST OF COL
 COMPANY NAME: GLOBE LIFE & ACCIDENT INSURANCE COMPANY
 NAIC GROUP CODE: 290 NAIC COMPANY CODE: 91472
 ADDRESS: 204 N. ROBINSON AVE., OKLAHOMA CITY, OK 73102
 PERSON COMPLETING EXHIBIT: CHRISTOPHER J. PAILES
 TITLE: ACTUARIAL ASSISTANT TELEPHONE NUMBER: (469) 525-4818

(A) ³	(B) ⁴	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(O) ⁵
YEAR	EARNED PREMIUM	FACTOR	(B) x (C)	CUMULATIVE LOSS RATIO	(D) x (E)	FACTOR	(B) x (G)	CUMULATIVE LOSS RATIO	(H) x (I)	POLICY YEAR LOSS RATIO
1	0	2.770	0	0.442	0	0.000	0	0.000	0	0.400
2	0	4.175	0	0.493	0	0.000	0	0.000	0	0.550
3	0	4.175	0	0.493	0	1.194	0	0.659	0	0.650
4	0	4.175	0	0.493	0	2.245	0	0.669	0	0.670
5	0	4.175	0	0.493	0	3.170	0	0.678	0	0.690
6	0	4.175	0	0.493	0	3.998	0	0.686	0	0.710
7	0	4.175	0	0.493	0	4.754	0	0.695	0	0.730
8	0	4.175	0	0.493	0	5.445	0	0.702	0	0.750
9	0	4.175	0	0.493	0	6.075	0	0.708	0	0.760
10	0	4.175	0	0.493	0	6.650	0	0.713	0	0.760
11	0	4.175	0	0.493	0	7.176	0	0.717	0	0.760
12	156	4.175	651	0.493	321	7.655	1,194	0.720	860	0.770
13	0	4.175	0	0.493	0	8.093	0	0.723	0	0.770
14	0	4.175	0	0.493	0	8.493	0	0.725	0	0.770
15	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
16	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
17	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
18	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
19	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
20	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
TOTAL:	156		(K): 651		(L): 321		(M): 1,194		(N): 860	

BENCHMARK RATIO SINCE INCEPTION: (L + N)/(K + M): 0.640

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 (EXAMPLE: IF THE CURRENT YEAR IS 1991, THEN: YEAR 1 IS 1990, YEAR 2 IS 1989, ETC.)
⁴ FOR THE CALENDAR YEAR ON THE APPROPRIATE LINE IN COLUMN (A),
 THE PREMIUM EARNED DURING THAT YEAR FOR POLICIES ISSUED IN THAT YEAR.
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**MEDICARE SUPPLEMENT REFUND CALCULATION FORM
FOR CALENDAR YEAR 2011**

TYPE¹: INDIVIDUAL SMSBP²: A
 FOR THE STATE OF: DIST OF COL
 COMPANY NAME: GLOBE LIFE & ACCIDENT INSURANCE COMPANY
 NAIC GROUP CODE: 290 NAIC COMPANY CODE: 91472
 ADDRESS: 204 N. ROBINSON AVE., OKLAHOMA CITY, OK 73102
 PERSON COMPLETING EXHIBIT: CHRISTOPHER J. PAILES
 TITLE: ACTUARIAL ASSISTANT TELEPHONE NUMBER: (469) 525-4818

	(A) EARNED PREMIUM ³	(B) INCURRED CLAIMS ⁴
1. CURRENT YEAR'S EXPERIENCE		
A. TOTAL (ALL POLICY YEARS)	0	0
B. CURRENT YEAR'S ISSUES ⁵	0	0
C. NET (FOR REPORTING PURPOSES = LINE 1A - LINE 1B)	0	0
2. PAST YEAR'S EXPERIENCE (ALL POLICY YEARS)	156	0
3. TOTAL EXPERIENCE (NET CURRENT YEAR + PAST YEAR'S EXPERIENCE)	156	0
4. REFUNDS LAST YEAR (EXCLUDING INTEREST)	0	
5. PREVIOUS SINCE INCEPTION (EXCLUDING INTEREST)	0	
6. REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	0	
7. BENCHMARK RATIO SINCE INCEPTION (SEE WORKSHEET FOR RATIO 1)	0.640	
8. EXPERIENCED RATIO SINCE INCEPTION (RATIO 2)		
TOTAL ACTUAL INCURRED CLAIMS (LINE 3, COL B)	0.000	
TOTAL EARNED PREM.(LINE 3, COL A) - REFUNDS SINCE INCEPTION (LINE 6)		
9. LIFE YEARS EXPOSED SINCE INCEPTION (IF THE EXPERIENCED RATIO IS LESS THAN THE BENCHMARK RATIO, AND THERE ARE MORE THAN 500 LIFE YEARS EXPOSURE, THEN PROCEED TO CALCULATION OF REFUND.)	0	
10. TOLERANCE PERMITTED (OBTAINED FROM CREDIBILITY TABLE)		NO CREDIBILITY

MEDICARE SUPPLEMENT CREDIBILITY TABLE	
LIFE YEARS EXPOSED	
SINCE INCEPTION	TOLERANCE
10,000 +	0.0%
5,000 - 9,999	5.0%
2,500 - 4,999	7.5%
1,000 - 2,499	10.0%
500 - 999	15.0%
IF LESS THAN 500, NO CREDIBILITY.	

11. ADJUSTMENT TO INCURRED CLAIMS FOR CREDIBILITY (RATIO 3 = RATIO 2 + TOLERANCE) IF RATIO 3 IS MORE THAN BENCHMARK RATIO (RATIO 1), A REFUND OR CREDIT TO PREMIUM IS NOT REQUIRED. IF RATIO 3 IS LESS THAN THE BENCHMARK RATIO, THEN PROCEED.	0.000
12. ADJUSTED INCURRED CLAIMS [TOTAL EARNED PREMIUMS (LINE 3, COL A) - REFUNDS SINCE INCEPTION (LINE 6)] x RATIO 3 (LINE 11)	0
13. REFUND = TOTAL EARNED PREMIUMS (LINE 3, COL A) - REFUNDS SINCE INCEPTION (LINE 6) - [ADJUSTED INCURRED CLAIMS (LINE 12) / BENCHMARK RATIO (RATIO 1)]	0

IF THE AMOUNT ON LINE 13 IS LESS THAN .005 TIMES THE ANNUALIZED PREMIUM IN FORCE AS OF DECEMBER 31 OF THE REPORTING YEAR, THEN NO REFUND IS MADE. OTHERWISE, THE AMOUNT ON LINE 13 IS TO BE REFUNDED OR CREDITED, AND A DESCRIPTION OF THE REFUND AND/OR CREDIT AGAINST PREMIUMS TO BE USED MUST BE ATTACHED TO THIS FORM.

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**REPORTING FORM FOR THE CALCULATION OF BENCHMARK RATIO SINCE INCEPTION FOR INDIVIDUAL POLICIES
FOR CALENDAR YEAR 2011**

TYPE¹: INDIVIDUAL SMSBP²: B
 FOR THE STATE OF: DIST OF COL
 COMPANY NAME: GLOBE LIFE & ACCIDENT INSURANCE COMPANY
 NAIC GROUP CODE: 290 NAIC COMPANY CODE: 91472
 ADDRESS: 204 N. ROBINSON AVE., OKLAHOMA CITY, OK 73102
 PERSON COMPLETING EXHIBIT: CHRISTOPHER J. PAILES
 TITLE: ACTUARIAL ASSISTANT TELEPHONE NUMBER: (469) 525-4818

(A) ³	(B) ⁴	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(O) ⁵
YEAR	EARNED PREMIUM	FACTOR	(B) x (C)	CUMULATIVE LOSS RATIO	(D) x (E)	FACTOR	(B) x (G)	CUMULATIVE LOSS RATIO	(H) x (I)	POLICY YEAR LOSS RATIO
1	0	2.770	0	0.442	0	0.000	0	0.000	0	0.400
2	0	4.175	0	0.493	0	0.000	0	0.000	0	0.550
3	0	4.175	0	0.493	0	1.194	0	0.659	0	0.650
4	0	4.175	0	0.493	0	2.245	0	0.669	0	0.670
5	0	4.175	0	0.493	0	3.170	0	0.678	0	0.690
6	0	4.175	0	0.493	0	3.998	0	0.686	0	0.710
7	0	4.175	0	0.493	0	4.754	0	0.695	0	0.730
8	0	4.175	0	0.493	0	5.445	0	0.702	0	0.750
9	0	4.175	0	0.493	0	6.075	0	0.708	0	0.760
10	0	4.175	0	0.493	0	6.650	0	0.713	0	0.760
11	0	4.175	0	0.493	0	7.176	0	0.717	0	0.760
12	566	4.175	2,363	0.493	1,165	7.655	4,333	0.720	3,120	0.770
13	123	4.175	514	0.493	253	8.093	995	0.723	720	0.770
14	0	4.175	0	0.493	0	8.493	0	0.725	0	0.770
15	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
16	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
17	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
18	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
19	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
20	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
TOTAL:	689		(K): 2,877		(L): 1,418		(M): 5,328		(N): 3,839	

BENCHMARK RATIO SINCE INCEPTION: (L + N)/(K + M): 0.641

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(EXAMPLE: IF THE CURRENT YEAR IS 1991, THEN: YEAR 1 IS 1990, YEAR 2 IS 1989, ETC.)

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THE PREMIUM EARNED DURING THAT YEAR FOR POLICIES ISSUED IN THAT YEAR.

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**MEDICARE SUPPLEMENT REFUND CALCULATION FORM
FOR CALENDAR YEAR 2011**

TYPE¹: INDIVIDUAL SMSBP²: B
 FOR THE STATE OF: DIST OF COL
 COMPANY NAME: GLOBE LIFE & ACCIDENT INSURANCE COMPANY
 NAIC GROUP CODE: 290 NAIC COMPANY CODE: 91472
 ADDRESS: 204 N. ROBINSON AVE., OKLAHOMA CITY, OK 73102
 PERSON COMPLETING EXHIBIT: CHRISTOPHER J. PAILES
 TITLE: ACTUARIAL ASSISTANT TELEPHONE NUMBER: (469) 525-4818

	(A) EARNED PREMIUM ³	(B) INCURRED CLAIMS ⁴
1. CURRENT YEAR'S EXPERIENCE		
A. TOTAL (ALL POLICY YEARS)	1,867	3,906
B. CURRENT YEAR'S ISSUES ⁵	0	0
C. NET (FOR REPORTING PURPOSES = LINE 1A - LINE 1B)	1,867	3,906
2. PAST YEAR'S EXPERIENCE (ALL POLICY YEARS)	21,235	12,655
3. TOTAL EXPERIENCE (NET CURRENT YEAR + PAST YEAR'S EXPERIENCE)	23,102	16,561
4. REFUNDS LAST YEAR (EXCLUDING INTEREST)	0	
5. PREVIOUS SINCE INCEPTION (EXCLUDING INTEREST)	0	
6. REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	0	
7. BENCHMARK RATIO SINCE INCEPTION (SEE WORKSHEET FOR RATIO 1)	0.641	
8. EXPERIENCED RATIO SINCE INCEPTION (RATIO 2)		
TOTAL ACTUAL INCURRED CLAIMS (LINE 3, COL B) TOTAL EARNED PREM.(LINE 3, COL A) - REFUNDS SINCE INCEPTION (LINE 6)	0.717	
9. LIFE YEARS EXPOSED SINCE INCEPTION (IF THE EXPERIENCED RATIO IS LESS THAN THE BENCHMARK RATIO, AND THERE ARE MORE THAN 500 LIFE YEARS EXPOSURE, THEN PROCEED TO CALCULATION OF REFUND.)	20	
10. TOLERANCE PERMITTED (OBTAINED FROM CREDIBILITY TABLE)		NO CREDIBILITY

MEDICARE SUPPLEMENT CREDIBILITY TABLE	
LIFE YEARS EXPOSED	
SINCE INCEPTION	TOLERANCE
10,000 +	0.0%
5,000 - 9,999	5.0%
2,500 - 4,999	7.5%
1,000 - 2,499	10.0%
500 - 999	15.0%
IF LESS THAN 500, NO CREDIBILITY.	

11. ADJUSTMENT TO INCURRED CLAIMS FOR CREDIBILITY (RATIO 3 = RATIO 2 + TOLERANCE) IF RATIO 3 IS MORE THAN BENCHMARK RATIO (RATIO 1), A REFUND OR CREDIT TO PREMIUM IS NOT REQUIRED. IF RATIO 3 IS LESS THAN THE BENCHMARK RATIO, THEN PROCEED.	0.000
12. ADJUSTED INCURRED CLAIMS [TOTAL EARNED PREMIUMS (LINE 3, COL A) - REFUNDS SINCE INCEPTION (LINE 6)] x RATIO 3 (LINE 11)	0
13. REFUND = TOTAL EARNED PREMIUMS (LINE 3, COL A) - REFUNDS SINCE INCEPTION (LINE 6) - [ADJUSTED INCURRED CLAIMS (LINE 12) / BENCHMARK RATIO (RATIO 1)]	0

IF THE AMOUNT ON LINE 13 IS LESS THAN .005 TIMES THE ANNUALIZED PREMIUM IN FORCE AS OF DECEMBER 31 OF THE REPORTING YEAR, THEN NO REFUND IS MADE. OTHERWISE, THE AMOUNT ON LINE 13 IS TO BE REFUNDED OR CREDITED, AND A DESCRIPTION OF THE REFUND AND/OR CREDIT AGAINST PREMIUMS TO BE USED MUST BE ATTACHED TO THIS FORM.

I CERTIFY THAT THE ABOVE INFORMATION AND CALCULATIONS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.



SIGNATURE

CHRISTOPHER J. PAILES
NAME - PLEASE TYPE

ACTUARIAL ASSISTANT
TITLE

4/11/2012
DATE

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³ INCLUDES MODAL LOADINGS AND FEES CHARGED.

⁴ EXCLUDES ACTIVE LIFE RESERVES.

⁵ THIS IS TO BE USED AS "ISSUE YEAR EARNED PREMIUM" FOR YEAR 1 OF NEXT YEAR'S "WORKSHEET FOR CALCULATION OF BENCHMARK RATIOS"

**REPORTING FORM FOR THE CALCULATION OF BENCHMARK RATIO SINCE INCEPTION FOR INDIVIDUAL POLICIES
FOR CALENDAR YEAR 2011**

TYPE¹: INDIVIDUAL SMSBP²: C
 FOR THE STATE OF: DIST OF COL
 COMPANY NAME: GLOBE LIFE & ACCIDENT INSURANCE COMPANY
 NAIC GROUP CODE: 290 NAIC COMPANY CODE: 91472
 ADDRESS: 204 N. ROBINSON AVE., OKLAHOMA CITY, OK 73102
 PERSON COMPLETING EXHIBIT: CHRISTOPHER J. PAILES
 TITLE: ACTUARIAL ASSISTANT TELEPHONE NUMBER: (469) 525-4818

(A) ³	(B) ⁴	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(O) ⁵
YEAR	EARNED PREMIUM	FACTOR	(B) x (C)	CUMULATIVE LOSS RATIO	(D) x (E)	FACTOR	(B) x (G)	CUMULATIVE LOSS RATIO	(H) x (I)	POLICY YEAR LOSS RATIO
1	0	2.770	0	0.442	0	0.000	0	0.000	0	0.400
2	0	4.175	0	0.493	0	0.000	0	0.000	0	0.550
3	0	4.175	0	0.493	0	1.194	0	0.659	0	0.650
4	0	4.175	0	0.493	0	2.245	0	0.669	0	0.670
5	0	4.175	0	0.493	0	3.170	0	0.678	0	0.690
6	0	4.175	0	0.493	0	3.998	0	0.686	0	0.710
7	0	4.175	0	0.493	0	4.754	0	0.695	0	0.730
8	0	4.175	0	0.493	0	5.445	0	0.702	0	0.750
9	0	4.175	0	0.493	0	6.075	0	0.708	0	0.760
10	0	4.175	0	0.493	0	6.650	0	0.713	0	0.760
11	0	4.175	0	0.493	0	7.176	0	0.717	0	0.760
12	946	4.175	3,950	0.493	1,947	7.655	7,242	0.720	5,214	0.770
13	0	4.175	0	0.493	0	8.093	0	0.723	0	0.770
14	0	4.175	0	0.493	0	8.493	0	0.725	0	0.770
15	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
16	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
17	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
18	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
19	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
20	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
TOTAL:	946		(K): 3,950		(L): 1,947		(M): 7,242		(N): 5,214	

BENCHMARK RATIO SINCE INCEPTION: (L + N)/(K + M): 0.640

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³ YEAR 1 IS THE CURRENT CALENDAR YEAR - 1. YEAR 2 IS THE CURRENT CALENDAR YEAR - 2 (ETC.)
(EXAMPLE: IF THE CURRENT YEAR IS 1991, THEN: YEAR 1 IS 1990, YEAR 2 IS 1989, ETC.)

⁴ FOR THE CALENDAR YEAR ON THE APPROPRIATE LINE IN COLUMN (A),
THE PREMIUM EARNED DURING THAT YEAR FOR POLICIES ISSUED IN THAT YEAR.

⁵ THESE LOSS RATIOS ARE NOT EXPLICITLY USED IN COMPUTING THE BENCHMARK LOSS RATIOS. THEY ARE THE LOSS RATIOS,
ON A POLICY YEAR BASIS, WHICH RESULT IN THE CUMULATIVE LOSS RATIOS DISPLAYED ON THIS WORKSHEET. THEY ARE SHOWN
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**MEDICARE SUPPLEMENT REFUND CALCULATION FORM
FOR CALENDAR YEAR 2011**

TYPE¹: INDIVIDUAL SMSBP²: C
 FOR THE STATE OF: DIST OF COL
 COMPANY NAME: GLOBE LIFE & ACCIDENT INSURANCE COMPANY
 NAIC GROUP CODE: 290 NAIC COMPANY CODE: 91472
 ADDRESS: 204 N. ROBINSON AVE., OKLAHOMA CITY, OK 73102
 PERSON COMPLETING EXHIBIT: CHRISTOPHER J. PAILES
 TITLE: ACTUARIAL ASSISTANT TELEPHONE NUMBER: (469) 525-4818

	(A) EARNED PREMIUM ³	(B) INCURRED CLAIMS ⁴
1. CURRENT YEAR'S EXPERIENCE		
A. TOTAL (ALL POLICY YEARS)	0	0
B. CURRENT YEAR'S ISSUES ⁵	0	0
C. NET (FOR REPORTING PURPOSES = LINE 1A - LINE 1B)	0	0
2. PAST YEAR'S EXPERIENCE (ALL POLICY YEARS)	2,990	2,598
3. TOTAL EXPERIENCE (NET CURRENT YEAR + PAST YEAR'S EXPERIENCE)	2,990	2,598
4. REFUNDS LAST YEAR (EXCLUDING INTEREST)	0	
5. PREVIOUS SINCE INCEPTION (EXCLUDING INTEREST)	0	
6. REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	0	
7. BENCHMARK RATIO SINCE INCEPTION (SEE WORKSHEET FOR RATIO 1)	0.640	
8. EXPERIENCED RATIO SINCE INCEPTION (RATIO 2)		
TOTAL ACTUAL INCURRED CLAIMS (LINE 3, COL B) TOTAL EARNED PREM.(LINE 3, COL A) - REFUNDS SINCE INCEPTION (LINE 6)	0.869	
9. LIFE YEARS EXPOSED SINCE INCEPTION (IF THE EXPERIENCED RATIO IS LESS THAN THE BENCHMARK RATIO, AND THERE ARE MORE THAN 500 LIFE YEARS EXPOSURE, THEN PROCEED TO CALCULATION OF REFUND.)	2	
10. TOLERANCE PERMITTED (OBTAINED FROM CREDIBILITY TABLE)		NO CREDIBILITY

MEDICARE SUPPLEMENT CREDIBILITY TABLE	
LIFE YEARS EXPOSED	
SINCE INCEPTION	TOLERANCE
10,000 +	0.0%
5,000 - 9,999	5.0%
2,500 - 4,999	7.5%
1,000 - 2,499	10.0%
500 - 999	15.0%
IF LESS THAN 500, NO CREDIBILITY.	

11. ADJUSTMENT TO INCURRED CLAIMS FOR CREDIBILITY (RATIO 3 = RATIO 2 + TOLERANCE) IF RATIO 3 IS MORE THAN BENCHMARK RATIO (RATIO 1), A REFUND OR CREDIT TO PREMIUM IS NOT REQUIRED. IF RATIO 3 IS LESS THAN THE BENCHMARK RATIO, THEN PROCEED.	0.000
12. ADJUSTED INCURRED CLAIMS [TOTAL EARNED PREMIUMS (LINE 3, COL A) - REFUNDS SINCE INCEPTION (LINE 6)] x RATIO 3 (LINE 11)	0
13. REFUND = TOTAL EARNED PREMIUMS (LINE 3, COL A) - REFUNDS SINCE INCEPTION (LINE 6) - [ADJUSTED INCURRED CLAIMS (LINE 12) / BENCHMARK RATIO (RATIO 1)]	0

IF THE AMOUNT ON LINE 13 IS LESS THAN .005 TIMES THE ANNUALIZED PREMIUM IN FORCE AS OF DECEMBER 31 OF THE REPORTING YEAR, THEN NO REFUND IS MADE. OTHERWISE, THE AMOUNT ON LINE 13 IS TO BE REFUNDED OR CREDITED, AND A DESCRIPTION OF THE REFUND AND/OR CREDIT AGAINST PREMIUMS TO BE USED MUST BE ATTACHED TO THIS FORM.

I CERTIFY THAT THE ABOVE INFORMATION AND CALCULATIONS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.



SIGNATURE

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⁴ EXCLUDES ACTIVE LIFE RESERVES.

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**REPORTING FORM FOR THE CALCULATION OF BENCHMARK RATIO SINCE INCEPTION FOR INDIVIDUAL POLICIES
FOR CALENDAR YEAR 2011**

TYPE¹: INDIVIDUAL SMSBP²: F
 FOR THE STATE OF: DIST OF COL
 COMPANY NAME: GLOBE LIFE & ACCIDENT INSURANCE COMPANY
 NAIC GROUP CODE: 290 NAIC COMPANY CODE: 91472
 ADDRESS: 204 N. ROBINSON AVE., OKLAHOMA CITY, OK 73102
 PERSON COMPLETING EXHIBIT: CHRISTOPHER J. PAILES
 TITLE: ACTUARIAL ASSISTANT TELEPHONE NUMBER: (469) 525-4818

(A) ³	(B) ⁴	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(O) ⁵
YEAR	EARNED PREMIUM	FACTOR	(B) x (C)	CUMULATIVE LOSS RATIO	(D) x (E)	FACTOR	(B) x (G)	CUMULATIVE LOSS RATIO	(H) x (I)	POLICY YEAR LOSS RATIO
1	0	2.770	0	0.442	0	0.000	0	0.000	0	0.400
2	0	4.175	0	0.493	0	0.000	0	0.000	0	0.550
3	0	4.175	0	0.493	0	1.194	0	0.659	0	0.650
4	1,212	4.175	5,060	0.493	2,495	2.245	2,721	0.669	1,820	0.670
5	1,406	4.175	5,870	0.493	2,894	3.170	4,457	0.678	3,022	0.690
6	628	4.175	2,622	0.493	1,293	3.998	2,511	0.686	1,722	0.710
7	0	4.175	0	0.493	0	4.754	0	0.695	0	0.730
8	0	4.175	0	0.493	0	5.445	0	0.702	0	0.750
9	0	4.175	0	0.493	0	6.075	0	0.708	0	0.760
10	0	4.175	0	0.493	0	6.650	0	0.713	0	0.760
11	42	4.175	175	0.493	86	7.176	301	0.717	216	0.760
12	1,186	4.175	4,952	0.493	2,441	7.655	9,079	0.720	6,537	0.770
13	118	4.175	493	0.493	243	8.093	955	0.723	690	0.770
14	0	4.175	0	0.493	0	8.493	0	0.725	0	0.770
15	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
16	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
17	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
18	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
19	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
20	0	4.175	0	0.493	0	8.684	0	0.725	0	0.770
TOTAL:	4,592		(K): 19,172		(L): 9,452		(M): 20,024		(N): 14,008	

BENCHMARK RATIO SINCE INCEPTION: (L + N)/(K + M): 0.599

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(EXAMPLE: IF THE CURRENT YEAR IS 1991, THEN: YEAR 1 IS 1990, YEAR 2 IS 1989, ETC.)

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THE PREMIUM EARNED DURING THAT YEAR FOR POLICIES ISSUED IN THAT YEAR.

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ON A POLICY YEAR BASIS, WHICH RESULT IN THE CUMULATIVE LOSS RATIOS DISPLAYED ON THIS WORKSHEET. THEY ARE SHOWN
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**MEDICARE SUPPLEMENT REFUND CALCULATION FORM
FOR CALENDAR YEAR 2011**

TYPE¹: INDIVIDUAL SMSBP²: F
 FOR THE STATE OF: DIST OF COL
 COMPANY NAME: GLOBE LIFE & ACCIDENT INSURANCE COMPANY
 NAIC GROUP CODE: 290 NAIC COMPANY CODE: 91472
 ADDRESS: 204 N. ROBINSON AVE., OKLAHOMA CITY, OK 73102
 PERSON COMPLETING EXHIBIT: CHRISTOPHER J. PAILES
 TITLE: ACTUARIAL ASSISTANT TELEPHONE NUMBER: (469) 525-4818

	(A) EARNED PREMIUM ³	(B) INCURRED CLAIMS ⁴
1. CURRENT YEAR'S EXPERIENCE		
A. TOTAL (ALL POLICY YEARS)	11,656	8,193
B. CURRENT YEAR'S ISSUES ⁵	616	323
C. NET (FOR REPORTING PURPOSES = LINE 1A - LINE 1B)	11,040	7,870
2. PAST YEAR'S EXPERIENCE (ALL POLICY YEARS)	81,687	60,028
3. TOTAL EXPERIENCE (NET CURRENT YEAR + PAST YEAR'S EXPERIENCE)	92,727	67,898
4. REFUNDS LAST YEAR (EXCLUDING INTEREST)	0	
5. PREVIOUS SINCE INCEPTION (EXCLUDING INTEREST)	0	
6. REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	0	
7. BENCHMARK RATIO SINCE INCEPTION (SEE WORKSHEET FOR RATIO 1)	0.599	
8. EXPERIENCED RATIO SINCE INCEPTION (RATIO 2)		
TOTAL ACTUAL INCURRED CLAIMS (LINE 3, COL B)	0.732	
TOTAL EARNED PREM.(LINE 3, COL A) - REFUNDS SINCE INCEPTION (LINE 6)		
9. LIFE YEARS EXPOSED SINCE INCEPTION (IF THE EXPERIENCED RATIO IS LESS THAN THE BENCHMARK RATIO, AND THERE ARE MORE THAN 500 LIFE YEARS EXPOSURE, THEN PROCEED TO CALCULATION OF REFUND.)	58	
10. TOLERANCE PERMITTED (OBTAINED FROM CREDIBILITY TABLE)		NO CREDIBILITY

MEDICARE SUPPLEMENT CREDIBILITY TABLE	
LIFE YEARS EXPOSED	
SINCE INCEPTION	TOLERANCE
10,000 +	0.0%
5,000 - 9,999	5.0%
2,500 - 4,999	7.5%
1,000 - 2,499	10.0%
500 - 999	15.0%
IF LESS THAN 500, NO CREDIBILITY.	

11. ADJUSTMENT TO INCURRED CLAIMS FOR CREDIBILITY (RATIO 3 = RATIO 2 + TOLERANCE) IF RATIO 3 IS MORE THAN BENCHMARK RATIO (RATIO 1), A REFUND OR CREDIT TO PREMIUM IS NOT REQUIRED. IF RATIO 3 IS LESS THAN THE BENCHMARK RATIO, THEN PROCEED.	0.000
12. ADJUSTED INCURRED CLAIMS [TOTAL EARNED PREMIUMS (LINE 3, COL A) - REFUNDS SINCE INCEPTION (LINE 6)] x RATIO 3 (LINE 11)	0
13. REFUND = TOTAL EARNED PREMIUMS (LINE 3, COL A) - REFUNDS SINCE INCEPTION (LINE 6) - [ADJUSTED INCURRED CLAIMS (LINE 12) / BENCHMARK RATIO (RATIO 1)]	0

IF THE AMOUNT ON LINE 13 IS LESS THAN .005 TIMES THE ANNUALIZED PREMIUM IN FORCE AS OF DECEMBER 31 OF THE REPORTING YEAR, THEN NO REFUND IS MADE. OTHERWISE, THE AMOUNT ON LINE 13 IS TO BE REFUNDED OR CREDITED, AND A DESCRIPTION OF THE REFUND AND/OR CREDIT AGAINST PREMIUMS TO BE USED MUST BE ATTACHED TO THIS FORM.

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