

SERFF Tracking Number: MUTA-128354309 State: District of Columbia
Filing Company: Mutual of Omaha Insurance Company State Tracking Number:
Company Tracking Number: CWACH
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: 2012 MUTUAL OF OMAHA REFUND CREDIT REPORTING
Project Name/Number: 2012 REFUND CREDIT/2012 MOO

Filing at a Glance

Company: Mutual of Omaha Insurance Company

Product Name: 2012 MUTUAL OF OMAHA REFUND CREDIT REPORTING SERFF Tr Num: MUTA-128354309 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: CWACH

State Status:

Filing Type: Rate

Reviewer(s): Darniece Shirley,
Carolyn King

Authors: Lori Cwach, Mary Miller,
Greg Schmidt

Disposition Date:

Date Submitted: 05/16/2012

Disposition Status:

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 2012 REFUND CREDIT

Status of Filing in Domicile:

Project Number: 2012 MOO

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/18/2012

State Status Changed:

Deemer Date:

Created By: Lori Cwach

Submitted By: Greg Schmidt

Corresponding Filing Tracking Number:

Filing Description:

2012 MEDICARE SUPPLEMENT ANNUAL REFUND CREDIT REPORTING

State Narrative:

Company and Contact

Filing Contact Information

SERFF Tracking Number: MUTA-128354309 State: District of Columbia
Filing Company: Mutual of Omaha Insurance Company State Tracking Number:
Company Tracking Number: CWACH
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: 2012 MUTUAL OF OMAHA REFUND CREDIT REPORTING
Project Name/Number: 2012 REFUND CREDIT/2012 MOO

Lori Cwach, Lead Actuarial Analyst Lori.Cwach@mutualofomaha.com
Rating Department 402-351-4249 [Phone]
Mutual of Omaha
Mutual of Omaha Plaza
Omaha, NE 68175

Filing Company Information

Mutual of Omaha Insurance Company CoCode: 71412 State of Domicile: Nebraska
Mutual of Omaha Plaza Group Code: 261 Company Type: Health Insurance
Omaha, NE 68175 Group Name: State ID Number:
(402) 351-2304 ext. [Phone] FEIN Number: 47-0246511

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Mutual of Omaha Insurance Company	\$0.00		

SERFF Tracking Number: MUTA-128354309 State: District of Columbia
Filing Company: Mutual of Omaha Insurance Company State Tracking Number:
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TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: 2012 MUTUAL OF OMAHA REFUND CREDIT REPORTING
Project Name/Number: 2012 REFUND CREDIT/2012 MOO

Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Actuarial Justification

Comments:

REFUND/CREDIT REPORTING

Attachments:

MOO CERTIFICATION.pdf

DC BENCHMARK.pdf

DC_REFUND.pdf

**MUTUAL OF OMAHA INSURANCE COMPANY
MEDICARE SUPPLEMENT REFUND CREDIT REPORTING
FOR CALENDAR YEAR 2011**

CERTIFICATION

I certify that the attached information and calculations are true and accurate to the best of my knowledge and belief.

A handwritten signature in black ink that reads "Mary Miller". The signature is written in a cursive, flowing style.

Mary Miller
Manager, Business Systems

May 5, 2012

**MEDICARE SUPPLEMENT REPORTING/REFUND SYSTEM
REPORTING FOR FOR THE CALCULATION OF BENCHMARK RATIO SINCE INCEPTION
FOR CALENDAR YEAR 2011**

**FOR THE STATE OF: DISTRICT OF COLUMBIA
TYPE: INDIVIDUAL BUSINESS**

SMSPB: PLAN A

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY

NAIC GROUP CODE: 261

NAIC COMPANY CODE: 71412

ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

PERSON COMPLETING THIS EXHIBIT: MARY MILLER

TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
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
2010	0	0.00000	0	0.44200	0	0.00000	0	0.00000	0	0.40000
2009	0	4.17500	0	0.49300	0	0.00000	0	0.00000	0	0.55000
2008	0	4.17500	0	0.49300	0	1.19400	0	0.65900	0	0.65000
2007	0	4.17500	0	0.49300	0	2.24500	0	0.66900	0	0.67000
2006	0	4.17500	0	0.49300	0	3.17000	0	0.67800	0	0.69000
2005	435	4.17500	1,816	0.49300	895	3.99800	1,739	0.68600	1,193	0.71000
2004	0	4.17500	0	0.49300	0	4.75400	0	0.69500	0	0.73000
2003	105	4.17500	438	0.49300	216	5.44500	572	0.70200	402	0.75000
2002	145	4.17500	605	0.49300	298	6.07500	881	0.70800	624	0.76000
2001	653	4.17500	2,726	0.49300	1,344	6.65000	4,342	0.71300	3,096	0.76000
2000	864	4.17500	3,607	0.49300	1,778	7.17600	6,200	0.71700	4,445	0.76000
1999	671	4.17500	2,801	0.49300	1,381	7.65500	5,137	0.72000	3,699	0.76000
1998	90	4.17500	376	0.49300	185	8.09300	728	0.72300	526	0.77000
1997	0	4.17500	0	0.49300	0	8.49300	0	0.72500	0	0.77000
PRIOR	1,362	4.17500	5,686	0.49300	2,803	8.68400	11,828	0.72500	8,575	0.77000
TOTAL:			18,055		8,900		31,427		22,560	

BENCHMARK RATIO SINCE INCEPTION: 0.6358

**MEDICARE SUPPLEMENT REPORTING/REFUND SYSTEM
REPORTING FOR FOR THE CALCULATION OF BENCHMARK RATIO SINCE INCEPTION
FOR CALENDAR YEAR 2011**

**FOR THE STATE OF: DISTRICT OF COLUMBIA
TYPE: INDIVIDUAL BUSINESS**

SMSPB: PLAN C

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY

NAIC GROUP CODE: 261

NAIC COMPANY CODE: 71412

ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

PERSON COMPLETING THIS EXHIBIT: MARY MILLER

TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
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
2010	0	0.00000	0	0.44200	0	0.00000	0	0.00000	0	0.40000
2009	0	4.17500	0	0.49300	0	0.00000	0	0.00000	0	0.55000
2008	0	4.17500	0	0.49300	0	1.19400	0	0.65900	0	0.65000
2007	0	4.17500	0	0.49300	0	2.24500	0	0.66900	0	0.67000
2006	0	4.17500	0	0.49300	0	3.17000	0	0.67800	0	0.69000
2005	0	4.17500	0	0.49300	0	3.99800	0	0.68600	0	0.71000
2004	0	4.17500	0	0.49300	0	4.75400	0	0.69500	0	0.73000
2003	0	4.17500	0	0.49300	0	5.44500	0	0.70200	0	0.75000
2002	0	4.17500	0	0.49300	0	6.07500	0	0.70800	0	0.76000
2001	0	4.17500	0	0.49300	0	6.65000	0	0.71300	0	0.76000
2000	0	4.17500	0	0.49300	0	7.17600	0	0.71700	0	0.76000
1999	564	4.17500	2,355	0.49300	1,161	7.65500	4,317	0.72000	3,108	0.76000
1998	815	4.17500	3,403	0.49300	1,678	8.09300	6,596	0.72300	4,769	0.77000
1997	3,047	4.17500	12,721	0.49300	6,271	8.49300	25,878	0.72500	18,762	0.77000
PRIOR	1,916	4.17500	7,999	0.49300	3,944	8.68400	16,639	0.72500	12,063	0.77000
TOTAL:			26,478		13,054		53,430		38,702	

BENCHMARK RATIO SINCE INCEPTION: 0.6477

**MEDICARE SUPPLEMENT REPORTING/REFUND SYSTEM
REPORTING FOR FOR THE CALCULATION OF BENCHMARK RATIO SINCE INCEPTION
FOR CALENDAR YEAR 2011**

**FOR THE STATE OF: DISTRICT OF COLUMBIA
TYPE: INDIVIDUAL BUSINESS**

SMSPB: PLAN D

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY

NAIC GROUP CODE: 261

NAIC COMPANY CODE: 71412

ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

PERSON COMPLETING THIS EXHIBIT: MARY MILLER

TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

(a) YEAR	(b) EARNED PREMIUM	(c) FACTOR	(d) (b) x (c)	(e) CUMULATIVE LOSS RATIO	(f) (d) x (e)	(g) FACTOR	(h) (b) x (g)	(i) CUMULATIVE LOSS RATIO	(j) (h) x (i)	(k) POLICY YEAR LOSS RATIO
2010	0	0.00000	0	0.44200	0	0.00000	0	0.00000	0	0.40000
2009	667	4.17500	2,785	0.49300	1,373	0.00000	0	0.00000	0	0.55000
2008	0	4.17500	0	0.49300	0	1.19400	0	0.65900	0	0.65000
2007	0	4.17500	0	0.49300	0	2.24500	0	0.66900	0	0.67000
2006	0	4.17500	0	0.49300	0	3.17000	0	0.67800	0	0.69000
2005	0	4.17500	0	0.49300	0	3.99800	0	0.68600	0	0.71000
2004	0	4.17500	0	0.49300	0	4.75400	0	0.69500	0	0.73000
2003	1,554	4.17500	6,488	0.49300	3,199	5.44500	8,462	0.70200	5,940	0.75000
2002	0	4.17500	0	0.49300	0	6.07500	0	0.70800	0	0.76000
2001	0	4.17500	0	0.49300	0	6.65000	0	0.71300	0	0.76000
2000	850	4.17500	3,549	0.49300	1,750	7.17600	6,100	0.71700	4,374	0.76000
1999	2,392	4.17500	9,987	0.49300	4,924	7.65500	18,311	0.72000	13,184	0.76000
1998	0	4.17500	0	0.49300	0	8.09300	0	0.72300	0	0.77000
1997	0	4.17500	0	0.49300	0	8.49300	0	0.72500	0	0.77000
PRIOR	0	4.17500	0	0.49300	0	8.68400	0	0.72500	0	0.77000
TOTAL:			22,809		11,246		32,873		23,498	

BENCHMARK RATIO SINCE INCEPTION: 0.624

**MEDICARE SUPPLEMENT REPORTING/REFUND SYSTEM
REPORTING FOR FOR THE CALCULATION OF BENCHMARK RATIO SINCE INCEPTION
FOR CALENDAR YEAR 2011**

**FOR THE STATE OF: DISTRICT OF COLUMBIA
TYPE: INDIVIDUAL BUSINESS**

SMSPB: PLAN F

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY

NAIC GROUP CODE: 261

NAIC COMPANY CODE: 71412

ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

PERSON COMPLETING THIS EXHIBIT: MARY MILLER

TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
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
2010	20,037	2.77000	55,502	0.44200	24,532	0.00000	0	0.00000	0	0.40000
2009	19,286	4.17500	80,519	0.49300	39,696	0.00000	0	0.00000	0	0.55000
2008	16,405	4.17500	68,491	0.49300	33,766	1.19400	19,588	0.65900	12,908	0.65000
2007	7,283	4.17500	30,407	0.49300	14,991	2.24500	16,350	0.66900	10,938	0.67000
2006	7,405	4.17500	30,916	0.49300	15,242	3.17000	23,474	0.67800	15,915	0.69000
2005	1,058	4.17500	4,417	0.49300	2,178	3.99800	4,230	0.68600	2,902	0.71000
2004	1,140	4.17500	4,760	0.49300	2,347	4.75400	5,420	0.69500	3,767	0.73000
2003	5,948	4.17500	24,833	0.49300	12,243	5.44500	32,387	0.70200	22,736	0.75000
2002	2,707	4.17500	11,302	0.49300	5,572	6.07500	16,445	0.70800	11,643	0.76000
2001	2,029	4.17500	8,471	0.49300	4,176	6.65000	13,493	0.71300	9,621	0.76000
2000	1,083	4.17500	4,522	0.49300	2,229	7.17600	7,772	0.71700	5,573	0.76000
1999	3,100	4.17500	12,943	0.49300	6,381	7.65500	23,731	0.72000	17,086	0.76000
1998	3,074	4.17500	12,834	0.49300	6,327	8.09300	24,878	0.72300	17,987	0.77000
1997	2,995	4.17500	12,504	0.49300	6,164	8.49300	25,437	0.72500	18,442	0.77000
PRIOR	5,972	4.17500	24,933	0.49300	12,292	8.68400	51,861	0.72500	37,599	0.77000
TOTAL:			387,354		188,136		265,066		187,117	

BENCHMARK RATIO SINCE INCEPTION: 0.5752

**MEDICARE SUPPLEMENT REPORTING/REFUND SYSTEM
REPORTING FOR FOR THE CALCULATION OF BENCHMARK RATIO SINCE INCEPTION
FOR CALENDAR YEAR 2011**

**FOR THE STATE OF: DISTRICT OF COLUMBIA
TYPE: INDIVIDUAL BUSINESS**

SMSPB: PLAN I

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY

NAIC GROUP CODE: 261

NAIC COMPANY CODE: 71412

ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

PERSON COMPLETING THIS EXHIBIT: MARY MILLER

TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
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
2010	0	0.00000	0	0.44200	0	0.00000	0	0.00000	0	0.40000
2009	0	4.17500	0	0.49300	0	0.00000	0	0.00000	0	0.55000
2008	0	4.17500	0	0.49300	0	1.19400	0	0.65900	0	0.65000
2007	0	4.17500	0	0.49300	0	2.24500	0	0.66900	0	0.67000
2006	0	4.17500	0	0.49300	0	3.17000	0	0.67800	0	0.69000
2005	0	4.17500	0	0.49300	0	3.99800	0	0.68600	0	0.71000
2004	0	4.17500	0	0.49300	0	4.75400	0	0.69500	0	0.73000
2003	0	4.17500	0	0.49300	0	5.44500	0	0.70200	0	0.75000
2002	0	4.17500	0	0.49300	0	6.07500	0	0.70800	0	0.76000
2001	0	4.17500	0	0.49300	0	6.65000	0	0.71300	0	0.76000
2000	0	4.17500	0	0.49300	0	7.17600	0	0.71700	0	0.76000
1999	0	4.17500	0	0.49300	0	7.65500	0	0.72000	0	0.76000
1998	0	4.17500	0	0.49300	0	8.09300	0	0.72300	0	0.77000
1997	0	4.17500	0	0.49300	0	8.49300	0	0.72500	0	0.77000
PRIOR	3,520	4.17500	14,696	0.49300	7,245	8.68400	30,568	0.72500	22,162	0.77000
TOTAL:			14,696		7,245		30,568		22,162	

BENCHMARK RATIO SINCE INCEPTION: 0.6497

**MEDICARE SUPPLEMENT REPORTING/REFUND SYSTEM
REPORTING FOR FOR THE CALCULATION OF BENCHMARK RATIO SINCE INCEPTION
FOR CALENDAR YEAR 2011**

**FOR THE STATE OF: DISTRICT OF COLUMBIA
TYPE: INDIVIDUAL BUSINESS**

SMSPB: PLAN PRE-OBRA

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY
NAIC GROUP CODE: 261
ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

NAIC COMPANY CODE: 71412

PERSON COMPLETING THIS EXHIBIT: MARY MILLER
TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
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
2010	0	0.00000	0	0.44200	0	0.00000	0	0.00000	0	0.40000
2009	0	4.17500	0	0.49300	0	0.00000	0	0.00000	0	0.55000
2008	0	4.17500	0	0.49300	0	1.19400	0	0.65900	0	0.65000
2007	0	4.17500	0	0.49300	0	2.24500	0	0.66900	0	0.67000
2006	0	4.17500	0	0.49300	0	3.17000	0	0.67800	0	0.69000
2005	0	4.17500	0	0.49300	0	3.99800	0	0.68600	0	0.71000
2004	0	4.17500	0	0.49300	0	4.75400	0	0.69500	0	0.73000
2003	0	4.17500	0	0.49300	0	5.44500	0	0.70200	0	0.75000
2002	0	4.17500	0	0.49300	0	6.07500	0	0.70800	0	0.76000
2001	0	4.17500	0	0.49300	0	6.65000	0	0.71300	0	0.76000
2000	0	4.17500	0	0.49300	0	7.17600	0	0.71700	0	0.76000
1999	0	4.17500	0	0.49300	0	7.65500	0	0.72000	0	0.76000
1998	0	4.17500	0	0.49300	0	8.09300	0	0.72300	0	0.77000
1997	0	4.17500	0	0.49300	0	8.49300	0	0.72500	0	0.77000
PRIOR	94,907	4.17500	396,237	0.49300	195,345	8.68400	824,172	0.72500	597,525	0.77000
TOTAL:			396,237		195,345		824,172		597,525	

BENCHMARK RATIO SINCE INCEPTION: 0.6497

MEDICARE SUPPLEMENT
REPORTING/REFUND SYSTEM
REFUND CALCULATION REPORT
FOR CALENDAR YEAR 2011

TYPE: INDIVIDUAL BUSINESS

SMSPB: PLAN A

FOR THE STATE OF: DISTRICT OF COL

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY

NAIC GROUP CODE: 261

NAIC COMPANY CODE: 71412

ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

PERSON COMPLETING THIS EXHIBIT: MARY MILLER

TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

<u>LINE</u>	<u>EARNED PREMIUM</u>	<u>INCURRED CLAIMS</u>
1. CURRENT YEAR'S EXPERIENCE		
A. TOTAL ALL POLICY YEARS	\$ 5,042	\$ 1,086
B. CURRENT YEAR'S ISSUES	\$ -	\$ -
C. NET (FOR REPORTING PURPOSES)	\$ 5,042	\$ 1,086
2. PAST EXPERIENCE (ALL YEARS)	\$ 91,012	\$ 51,402
3. TOTAL EXPERIENCE (NET CURRENT YEAR + PAST YEARS' EXPERIENCE)	\$ 96,054	\$ 52,488
4. REFUNDS LAST YEAR (EXCLUDING INTEREST)	\$ -	
5. PREVIOUS REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
6. REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
7. BENCHMARK LOSS RATIO SINCE INCEPTION	0.6358	
8. EXPERIENCED RATIO SINCE INCEPTION TOTAL ACTUAL INCURRED CLAIMS / (TOTAL EARNED PREMIUM - REFUNDS SINCE INCEPTION)	0.5464	
9. LIFE YEARS EXPOSED SINCE INCEPTION	75	
10. TOLERANCE PERMITTED (FROM CREDIBILITY TABLE)	-	
11. ADJUSTMENT TO INCURRED CLAIMS FOR CREDIBILITY	-	
12. ADJUSTED INCURRED CLAIMS	\$ -	
13. REFUND = TOTAL EARNED PREMIUMS - REFUNDS SINCE INCEPTION - (ADJUSTED INCURRED CLAIMS / BENCHMARK LOSS RATIO)	\$ -	
14. DEMINIMUS AMOUNT ANNUALIZED INFORCE PREMIUM AS OF 12/31/2011 * 0.005	\$ -	

MEDICARE SUPPLEMENT CREDIBILITY TABLE

LIFE YEARS EXPOSED

SINCE INCEPTION

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%

Mary Miller

MARY MILLER
RESEARCH SUPERVISOR
May 1, 2012

MEDICARE SUPPLEMENT
REPORTING/REFUND SYSTEM
REFUND CALCULATION REPORT
FOR CALENDAR YEAR 2011

TYPE: INDIVIDUAL BUSINESS

SMSPB: PLAN C

FOR THE STATE OF: DISTRICT OF COL

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY

NAIC GROUP CODE: 261

NAIC COMPANY CODE: 71412

ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

PERSON COMPLETING THIS EXHIBIT: MARY MILLER

TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

<u>LINE</u>	<u>EARNED PREMIUM</u>	<u>INCURRED CLAIMS</u>
1. CURRENT YEAR'S EXPERIENCE		
A. TOTAL ALL POLICY YEARS	\$ 6,468	\$ 2,611
B. CURRENT YEAR'S ISSUES	\$ 1,113	\$ 751
C. NET (FOR REPORTING PURPOSES)	\$ 5,354	\$ 1,860
2. PAST EXPERIENCE (ALL YEARS)	\$ 111,240	\$ 53,842
3. TOTAL EXPERIENCE (NET CURRENT YEAR + PAST YEARS' EXPERIENCE)	\$ 116,594	\$ 55,702
4. REFUNDS LAST YEAR (EXCLUDING INTEREST)	\$ -	
5. PREVIOUS REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
6. REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
7. BENCHMARK LOSS RATIO SINCE INCEPTION	0.6477	
8. EXPERIENCED RATIO SINCE INCEPTION TOTAL ACTUAL INCURRED CLAIMS / (TOTAL EARNED PREMIUM - REFUNDS SINCE INCEPTION)	0.4777	
9. LIFE YEARS EXPOSED SINCE INCEPTION	68	
10. TOLERANCE PERMITTED (FROM CREDIBILITY TABLE)	-	
11. ADJUSTMENT TO INCURRED CLAIMS FOR CREDIBILITY	-	
12. ADJUSTED INCURRED CLAIMS	\$ -	
13. REFUND = TOTAL EARNED PREMIUMS - REFUNDS SINCE INCEPTION - (ADJUSTED INCURRED CLAIMS / BENCHMARK LOSS RATIO)	\$ -	
14. DEMINIMUS AMOUNT ANNUALIZED INFORCE PREMIUM AS OF 12/31/2011 * 0.005	\$ -	

MEDICARE SUPPLEMENT CREDIBILITY TABLE

LIFE YEARS EXPOSED

SINCE INCEPTION

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%

Mary Miller

MARY MILLER
RESEARCH SUPERVISOR
May 1, 2012

MEDICARE SUPPLEMENT
REPORTING/REFUND SYSTEM
REFUND CALCULATION REPORT
FOR CALENDAR YEAR 2011

TYPE: INDIVIDUAL BUSINESS

SMSPB: PLAN D

FOR THE STATE OF: DISTRICT OF COL

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY

NAIC GROUP CODE: 261

NAIC COMPANY CODE: 71412

ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

PERSON COMPLETING THIS EXHIBIT: MARY MILLER

TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

<u>LINE</u>	<u>EARNED PREMIUM</u>	<u>INCURRED CLAIMS</u>
1. CURRENT YEAR'S EXPERIENCE		
A. TOTAL ALL POLICY YEARS	\$ 3,631	\$ 1,435
B. CURRENT YEAR'S ISSUES	\$ 1,281	\$ 501
C. NET (FOR REPORTING PURPOSES)	\$ 2,350	\$ 934
2. PAST EXPERIENCE (ALL YEARS)	\$ 46,279	\$ 20,963
3. TOTAL EXPERIENCE (NET CURRENT YEAR + PAST YEARS' EXPERIENCE)	\$ 48,629	\$ 21,897
4. REFUNDS LAST YEAR (EXCLUDING INTEREST)	\$ -	
5. PREVIOUS REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
6. REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
7. BENCHMARK LOSS RATIO SINCE INCEPTION	0.6240	
8. EXPERIENCED RATIO SINCE INCEPTION TOTAL ACTUAL INCURRED CLAIMS / (TOTAL EARNED PREMIUM - REFUNDS SINCE INCEPTION)	0.4503	
9. LIFE YEARS EXPOSED SINCE INCEPTION	31	
10. TOLERANCE PERMITTED (FROM CREDIBILITY TABLE)	-	
11. ADJUSTMENT TO INCURRED CLAIMS FOR CREDIBILITY	-	
12. ADJUSTED INCURRED CLAIMS	\$ -	
13. REFUND = TOTAL EARNED PREMIUMS - REFUNDS SINCE INCEPTION - (ADJUSTED INCURRED CLAIMS / BENCHMARK LOSS RATIO)	\$ -	
14. DEMINIMUS AMOUNT ANNUALIZED INFORCE PREMIUM AS OF 12/31/2011 * 0.005	\$ -	

MEDICARE SUPPLEMENT CREDIBILITY TABLE

LIFE YEARS EXPOSED

SINCE INCEPTION

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%

Mary Miller

MARY MILLER
RESEARCH SUPERVISOR
May 1, 2012

MEDICARE SUPPLEMENT
REPORTING/REFUND SYSTEM
REFUND CALCULATION REPORT
FOR CALENDAR YEAR 2011

TYPE: INDIVIDUAL BUSINESS

SMSPB: PLAN F

FOR THE STATE OF: DISTRICT OF COL

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY

NAIC GROUP CODE: 261

NAIC COMPANY CODE: 71412

ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

PERSON COMPLETING THIS EXHIBIT: MARY MILLER

TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

<u>LINE</u>	<u>EARNED PREMIUM</u>	<u>INCURRED CLAIMS</u>
1. CURRENT YEAR'S EXPERIENCE		
A. TOTAL ALL POLICY YEARS	\$ 220,981	\$ 187,781
B. CURRENT YEAR'S ISSUES	\$ 40,883	\$ 18,537
C. NET (FOR REPORTING PURPOSES)	\$ 180,098	\$ 169,244
2. PAST EXPERIENCE (ALL YEARS)	\$ 1,027,504	\$ 594,639
3. TOTAL EXPERIENCE (NET CURRENT YEAR + PAST YEARS' EXPERIENCE)	\$ 1,207,602	\$ 763,883
4. REFUNDS LAST YEAR (EXCLUDING INTEREST)	\$ -	
5. PREVIOUS REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
6. REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
7. BENCHMARK LOSS RATIO SINCE INCEPTION	0.5752	
8. EXPERIENCED RATIO SINCE INCEPTION TOTAL ACTUAL INCURRED CLAIMS / (TOTAL EARNED PREMIUM - REFUNDS SINCE INCEPTION)	0.6326	
9. LIFE YEARS EXPOSED SINCE INCEPTION	627	
10. TOLERANCE PERMITTED (FROM CREDIBILITY TABLE)	0.1500	
11. ADJUSTMENT TO INCURRED CLAIMS FOR CREDIBILITY	0.7826	
12. ADJUSTED INCURRED CLAIMS	\$ -	
13. REFUND = TOTAL EARNED PREMIUMS - REFUNDS SINCE INCEPTION - (ADJUSTED INCURRED CLAIMS / BENCHMARK LOSS RATIO)	\$ -	
14. DEMINIMUS AMOUNT ANNUALIZED INFORCE PREMIUM AS OF 12/31/2011 * 0.005	\$ -	

MEDICARE SUPPLEMENT CREDIBILITY TABLE

LIFE YEARS EXPOSED

SINCE INCEPTION

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%

Mary Miller

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RESEARCH SUPERVISOR
May 1, 2012

MEDICARE SUPPLEMENT
REPORTING/REFUND SYSTEM
REFUND CALCULATION REPORT
FOR CALENDAR YEAR 2011

TYPE: INDIVIDUAL BUSINESS

SMSPB: PLAN I

FOR THE STATE OF: DISTRICT OF COL

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY

NAIC GROUP CODE: 261

NAIC COMPANY CODE: 71412

ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

PERSON COMPLETING THIS EXHIBIT: MARY MILLER

TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

<u>LINE</u>	<u>EARNED PREMIUM</u>	<u>INCURRED CLAIMS</u>
1. CURRENT YEAR'S EXPERIENCE		
A. TOTAL ALL POLICY YEARS	\$ -	\$ -
B. CURRENT YEAR'S ISSUES	\$ -	\$ -
C. NET (FOR REPORTING PURPOSES)	\$ -	\$ -
2. PAST EXPERIENCE (ALL YEARS)	\$ 48,584	\$ 30,172
3. TOTAL EXPERIENCE (NET CURRENT YEAR + PAST YEARS' EXPERIENCE)	\$ 48,584	\$ 30,172
4. REFUNDS LAST YEAR (EXCLUDING INTEREST)	\$ -	
5. PREVIOUS REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
6. REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
7. BENCHMARK LOSS RATIO SINCE INCEPTION	0.6497	
8. EXPERIENCED RATIO SINCE INCEPTION TOTAL ACTUAL INCURRED CLAIMS / (TOTAL EARNED PREMIUM - REFUNDS SINCE INCEPTION)	0.6210	
9. LIFE YEARS EXPOSED SINCE INCEPTION	23	
10. TOLERANCE PERMITTED (FROM CREDIBILITY TABLE)	-	
11. ADJUSTMENT TO INCURRED CLAIMS FOR CREDIBILITY	-	
12. ADJUSTED INCURRED CLAIMS	\$ -	
13. REFUND = TOTAL EARNED PREMIUMS - REFUNDS SINCE INCEPTION - (ADJUSTED INCURRED CLAIMS / BENCHMARK LOSS RATIO)	\$ -	
14. DEMINIMUS AMOUNT ANNUALIZED INFORCE PREMIUM AS OF 12/31/2011 * 0.005	\$ -	

MEDICARE SUPPLEMENT CREDIBILITY TABLE

LIFE YEARS EXPOSED

SINCE INCEPTION

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%

Mary Miller

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RESEARCH SUPERVISOR
May 1, 2012

MEDICARE SUPPLEMENT
REPORTING/REFUND SYSTEM
REFUND CALCULATION REPORT
FOR CALENDAR YEAR 2011

TYPE: INDIVIDUAL BUSINESS

SMSPB: PRE-OBR

FOR THE STATE OF: DISTRICT OF COL

COMPANY NAME: MUTUAL OF OMAHA INSURANCE COMPANY

NAIC GROUP CODE: 261

NAIC COMPANY CODE: 71412

ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

PERSON COMPLETING THIS EXHIBIT: MARY MILLER

TITLE: RESEARCH SUPERVISOR TELEPHONE NUMBER: (402) 351-2304

<u>LINE</u>	<u>EARNED PREMIUM</u>	<u>INCURRED CLAIMS</u>
1. CURRENT YEAR'S EXPERIENCE		
A. TOTAL ALL POLICY YEARS	\$ 23,217	\$ 11,873
B. CURRENT YEAR'S ISSUES	\$ -	\$ -
C. NET (FOR REPORTING PURPOSES)	\$ 23,217	\$ 11,873
2. PAST EXPERIENCE (ALL YEARS)	\$ 760,871	\$ 342,229
3. TOTAL EXPERIENCE (NET CURRENT YEAR + PAST YEARS' EXPERIENCE)	\$ 784,088	\$ 354,102
4. REFUNDS LAST YEAR (EXCLUDING INTEREST)	\$ -	
5. PREVIOUS REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
6. REFUNDS SINCE INCEPTION (EXCLUDING INTEREST)	\$ -	
7. BENCHMARK LOSS RATIO SINCE INCEPTION	0.6497	
8. EXPERIENCED RATIO SINCE INCEPTION TOTAL ACTUAL INCURRED CLAIMS / (TOTAL EARNED PREMIUM - REFUNDS SINCE INCEPTION)	0.4516	
9. LIFE YEARS EXPOSED SINCE INCEPTION	302	
10. TOLERANCE PERMITTED (FROM CREDIBILITY TABLE)	-	
11. ADJUSTMENT TO INCURRED CLAIMS FOR CREDIBILITY	-	
12. ADJUSTED INCURRED CLAIMS	\$ -	
13. REFUND = TOTAL EARNED PREMIUMS - REFUNDS SINCE INCEPTION - (ADJUSTED INCURRED CLAIMS / BENCHMARK LOSS RATIO)	\$ -	
14. DEMINIMUS AMOUNT ANNUALIZED INFORCE PREMIUM AS OF 12/31/2011 * 0.005	\$ -	

MEDICARE SUPPLEMENT CREDIBILITY TABLE

LIFE YEARS EXPOSED

SINCE INCEPTION

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%

Mary Miller

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May 1, 2012