

**State:** District of Columbia **Filing Company:** Celtic Insurance Company  
**TOI/Sub-TOI:** MS06 Medicare Supplement - Other/MS06.000 Medicare Supplement - Other  
**Product Name:** Refund Calculation  
**Project Name/Number:** Refund Calculation /

## Filing at a Glance

Company: Celtic Insurance Company  
Product Name: Refund Calculation  
State: District of Columbia  
TOI: MS06 Medicare Supplement - Other  
Sub-TOI: MS06.000 Medicare Supplement - Other  
Filing Type: Rate  
Date Submitted: 05/06/2014  
SERFF Tr Num: OXFR-129533551  
SERFF Status: Assigned  
State Tr Num:  
State Status:  
Co Tr Num: CELINDDC2014RC

Implementation  
Date Requested:  
Author(s): Pat O'Hara  
Reviewer(s): John Morgan (primary), Alula Selassie  
Disposition Date:  
Disposition Status:  
Implementation Date:

State Filing Description:

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## General Information

Project Name: Refund Calculation	Status of Filing in Domicile:
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: 05/07/2014
	State Status Changed:
Deemer Date:	Created By: Pat O'Hara
Submitted By: Pat O'Hara	Corresponding Filing Tracking Number:

Filing Description:  
This submission provides the 2013 refund calculation.

## Company and Contact

### Filing Contact Information

Pat O'Hara, Regulatory Compliance Analyst PatO'Hara@Oxfordlife.com  
 2721 N. Central Ave. 602-263-6666 [Phone] 670130 [Ext]  
 Phoenix, AZ 85004

### Filing Company Information

Celtic Insurance Company	CoCode: 80799	State of Domicile: Illinois
2721 North Central Avenue	Group Code: 1295	Company Type:
Phoenix, AZ 85004-1172	Group Name:	State ID Number:
(888) 757-3732 ext. [Phone]	FEIN Number: 06-0641618	

## Filing Fees

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:

SERFF Tracking #:

OXFR-129533551

State Tracking #:

Company Tracking #:

CELINDDC2014RC

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Filing Company:

Celtic Insurance Company

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## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Refund Calculation	MS POL I	New		Celtic DC 2013 Individual Refund Calculation.pdf, Celtic DC 2013 Individual Refund Calculation Letter.pdf,

REPORTING FORM FOR THE CALCULATION OF BENCHMARK RATIO SINCE INCEPTION  
FOR INDIVIDUAL POLICIES FOR CALENDAR YEAR 2013

TYPE: Individual I  
 For the State of: District of Columbia  
 Company Name: Celtic Insurance Company  
 Address: 233 South Wacker Drive Suite 700  
 City, State, Zip-Code: Chicago, Illinois 60606  
 Person Completing This Exhibit: Kyle Despain  
 Title: Actuarial Analyst  
 SMSBP(p):  
 NAIC Group Code: 270  
 NAIC Company Code: 80799  
 Telephone Number: (602) 263-6666

Year	Earned Premium	Factor	Cumulative Earned Premiums	Cumulative Loss Ratio	Cumulative Incurred Claims	Factor	Cumulative Earned Premiums	Cumulative Loss Ratio	Cumulative Incurred Claims	Policy Year
1	-	2.770	-	0.442	-	0.000	-	0.000	-	0.400
2	-	4.175	-	0.493	-	0.000	-	0.000	-	0.550
3	-	4.175	-	0.493	-	1.194	-	0.659	-	0.650
4	-	4.175	-	0.493	-	2.245	-	0.669	-	0.670
5	-	4.175	-	0.493	-	3.170	-	0.678	-	0.690
6	-	4.175	-	0.493	-	3.998	-	0.686	-	0.710
7	-	4.175	-	0.493	-	4.754	-	0.695	-	0.730
8	-	4.175	-	0.493	-	5.445	-	0.702	-	0.750
9	-	4.175	-	0.493	-	6.075	-	0.708	-	0.760
10	-	4.175	-	0.493	-	6.650	-	0.713	-	0.760
11	-	4.175	-	0.493	-	7.176	-	0.717	-	0.760
12	-	4.175	-	0.493	-	7.655	-	0.720	-	0.770
13	-	4.175	-	0.493	-	8.093	-	0.723	-	0.770
14	-	4.175	-	0.493	-	8.493	-	0.725	-	0.770
15	3,181	4.175	13,281	0.493	6,547	8.684	27,624	0.725	20,027	0.770
Total:	\$3,181		\$13,281		\$6,547		\$27,624		\$20,027	

Benchmark Ratio Since Inception 0.650

MEDICARE SUPPLEMENT REFUND CALCULATION FORM  
FOR CALENDAR YEAR 2013

TYPE:	<u>Individual</u>	SMSBP(p):	<u>I</u>
For the State of:	<u>Disrict of Columbia</u>	NAIC Group Code:	<u>270</u>
Company Name:	<u>Celtic Insurance Company</u>	NAIC Company Code:	<u>80799</u>
Address:	<u>233 South Wacker Drive Suite 700</u>	Telephone Number:	<u>(602) 263-6666</u>
City, State, Zip-Code:	<u>Chicago, Illinois 60606</u>		
Person Completing This Exhibit:	<u>Kyle Despain</u>		
Title:	<u>Actuarial Analyst</u>		

	Earned Premium	Incurred Claims
1. Current Year's Experience		
a. Total (all policy years)	\$8,815	\$1,138
b. Current year's issues	\$0	\$0
c. Net (1a-1b)	\$8,815	\$1,138
2. Past Year's Experience (All policy years)	\$91,831	\$20,053
3. Total Experience (1c+2)	\$100,646	\$21,191
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 (Ratio 1)	0.650	
8. Experience Ratio Since Inception (Ratio 2)	0.211	
9. Life Years Exposed Since Inception	18	
10. Tolerance Permitted (from credibility table)	Not credible.	
11. Adjustment to Incurred Claims for Credibility	Not credible.	
12. Adjusted Incurred Claims	Refund not required.	
13. Refund	\$0	The refund is only paid if it exceeds the De Minimus Amount. The distribution methodology must be filed also.
De Minimus Amount	\$46	
.005 x Annualized Premium IF Dec. 31, 2013		

Medicare Supplement Credibility Table

Life Years Exposed Since Inception	Tolerance
10,000+	0.00%
5,000-9,999	5.00%
2,500-4,999	7.50%
1,000-2,499	10.00%
500-999	15.00%

If less than 500, no credibility.

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

Signature  
  
Name: Robert Simmons, ASA, MAAA  
Title: Chief Actuary  
Oxford Life Insurance Company  
Date 04/08/14

May 6, 2014

Department of Insurance and Securities and Banking  
Government of the District of Columbia  
810 First Street, N.E. Suite 701  
Washington, DC 20002

Re: Medicare Supplement Individual Reporting Form – 2013  
Celtic Insurance Company  
NAIC: 80799; FEIN: 06-0641618

To Whom It May Concern:

Oxford Life Insurance Company, on behalf of Celtic Insurance Company, is submitting the following report for your review. Enclosed please find the Refund Calculation Form and the Benchmark Ratio Reporting Form for Medicare Supplement business for the calendar year 2013.

If you have any questions, please contact me.

Sincerely,

Kyle Despain  
Actuarial Analyst  
888-757-3732, ext. 670122  
[kyledespain@oxfordlife.com](mailto:kyledespain@oxfordlife.com).

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## Supporting Document Schedules

<b>Bypassed - Item:</b>	Cover Letter All Filings
<b>Bypass Reason:</b>	Refund calculation only
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Certificate of Authority to File
<b>Bypass Reason:</b>	Refund calculation only
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Actuarial Memorandum
<b>Bypass Reason:</b>	Refund calculation only
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Actuarial Justification
<b>Bypass Reason:</b>	Refund calculation only
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
<b>Bypass Reason:</b>	Refund calculation only
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
<b>Bypass Reason:</b>	Refund calculation only
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

SERFF Tracking #:

OXFR-129533551

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<b>Bypassed - Item:</b>	Actuarial Memorandum and Certifications
<b>Bypass Reason:</b>	Refund calculation only
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Unified Rate Review Template
<b>Bypass Reason:</b>	Refund calculation only
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Authorization Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	Celtic Authorization Letter 2014.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

**CELTIC**

**Celtic Insurance Company**

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Willis Tower  
233 South Wacker Drive, Suite 700  
Chicago, Illinois 60606-6393  
312-332-5401

April 10, 2014

TO: Department of Insurance

RE: Rate and/or Form Filings

NAIC# 80799

Please be advised Celtic Insurance Company, Chicago, Illinois authorizes:

Oxford Life Insurance Company  
2721 N. Central Avenue  
Phoenix, Arizona 85004-1172

To file the enclosed rates and/or forms on behalf of Celtic Insurance Company.

For inquiries regarding the enclosed filings please contact Oxford Life Insurance Company at (877) 667-9368.

Sincerely,



Daniel Martinez  
Regional manager, Compliance and Regulatory Affairs  
Celtic insurance Company