



**MEDICARE SUPPLEMENT
INSURANCE EXPERIENCE REPORT**

DUE APRIL 1

FOR CALENDAR YEAR

1. POLICY FORM NUMBER	2. YEAR FIRST ISSUED IN MISSOURI
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3. IS THE SAME RATE CHARGED COUNTRYWIDE FOR THIS POLICY FORM? YES NO

4. THIS IS A <input type="checkbox"/> GROUP (I) <input type="checkbox"/> INDIVIDUAL (II) POLICY	5. IS THIS POLICY MASS-MARKETED? <input type="checkbox"/> YES <input type="checkbox"/> NO	6. RENEWABILITY TYPE (USE TWO-DIGIT ALPHABETIC CODE FROM INSTRUCTIONS)
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7. MISSOURI EXPERIENCE

DURATION (POLICY YEAR)	NUMBER OF POLICIES IN FORCE	WRITTEN PREMIUM	EARNED PREMIUM	PAID CLAIM COUNT	PAID LOSSES	TOTAL LOSS RESERVES	INCURRED CLAIM COUNT	INCURRED LOSSES	LOSS RATIO
5+									
4									
3									
2									
1									
0									
TOTAL									

8. MISSOURI LOSS RESERVES

A. UNPAID CLAIM RESERVES		
1. CLAIM RESERVES, CURRENT YEAR	1.	
2. CLAIM RESERVES, PRIOR YEAR	2.	
3. CHANGE IN UNPAID CLAIM RESERVES (1 MINUS 2)		3.
B. IBNR RESERVES		
1. IBNR RESERVES, CURRENT YEAR	1.	
2. IBNR RESERVES, PRIOR YEAR	2.	
3. CHANGE IN IBNR RESERVES (1 MINUS 2)		3.
C. TOTAL LOSS RESERVES (A3 PLUS B3)		

9. LIST ALL RIDERS ATTACHED TO THIS POLICY FORM AND INCLUDED IN THE EXPERIENCE ABOVE.

RIDER FORM NUMBER	DESCRIPTION
A.	
B.	
C.	
D.	
E.	
F.	

10. COUNTRYWIDE EXPERIENCE

DURATION (POLICY YEAR)	NUMBER OF POLICIES IN FORCE	WRITTEN PREMIUM	EARNED PREMIUM	PAID CLAIM COUNT	PAID LOSSES	TOTAL LOSS RESERVES	INCURRED CLAIM COUNT	INCURRED LOSSES	LOSS RATIO
5+									
4									
3									
2									
1									
0									
TOTAL									

SIGNATURE OF AN OFFICER OF THE COMPANY ▶		TITLE	
SIGNATURE OF PERSON PREPARING REPORT ▶		PRINT NAME OF PERSON PREPARING REPORT	TITLE
COMPANY NAME		NAIC GROUP CODE	NAIC COMPANY CODE
COMPANY ADDRESS			TELEPHONE NUMBER

REPORTING INSTRUCTIONS

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE REPORT

1. Policy Form Number:
A report form should be filled out for each Medicare Supplement policy form. Policy forms are not to be grouped unless they are nearly identical in coverage and premium. Do not include any experience for riders that are attached to less than 50% of the policies.
2. Year First Issued in Missouri:
The year the policy form was first issued in Missouri.
3. Is the same rate charged countrywide for this policy form? Mark the appropriate box.
4. Is this a Group Policy or an Individual Policy? Mark the appropriate box.
5. Is the policy form mass-marketed? Mark the appropriate box. Direct response policies are to be considered mass-marketed.
6. Renewability Type:
Enter a two-digit alphabetic code from the following table:
 - OR - Optionally Renewable
 - CR - Conditionally Renewable or Quasi-Guaranteed.
 - GR - Guaranteed Renewable
 - NC - Non-Cancellable
7. Missouri Experience:
Enter experience in the following categories by policy duration as displayed in the report form for Missouri only:
Duration - The number of years a policy has been in force. Round down to the nearest year when reporting experience.
Number of Policies in Force
Written Premium
Earned Premium
Paid Claim Count - Enter number of claims paid.
Paid Losses - Enter dollars paid for claims excluding loss adjustment expense.
Total Loss Reserves - Enter all reserves used to adjust paid losses to incurred losses.
Incurred Claim Counts - Enter the number of incurred claims.
Incurred Losses - Enter the dollars incurred. Exclude all administrative and loss adjustment expenses. (Paid + Loss Reserve)
Loss Ratio - Incurred losses divided by earned premium.
8. Missouri Loss Reserves - Use Missouri data only.
 - A. Unpaid Claim Reserves
 1. Claim Reserves, current year: Enter the current year ending amount set aside to pay all claims outstanding no matter what year the loss was incurred.
 2. Claim Reserves, prior year: Enter the prior year ending amount that was set aside to pay all claims outstanding no matter what year the loss was incurred.
 3. Change in Unpaid Claim Reserves: Current Year Reserve - Prior Year Reserve
 - B. Incurred but not Reported Reserves
 1. IBNR Reserves, current year: Enter the current year ending amount set aside as IBNR reserve.
 2. IBNR Reserves, prior year: Enter the prior year ending amount set aside as IBNR reserve.
 3. Change in IBNR Reserves: Current Year Reserve - Prior Year Reserve
 - C. Total Reserves added for Missouri this Calendar Year: Change in Unpaid Claim Reserves + Change in IBNR Reserves.
This number must equal the total for all loss reserves by duration (line 7).
9. List all Riders Attached to this Policy Form and Included in the Experience Above - Provide the rider number and a brief description of all riders included in the experience reported. Do not include experience for riders that are attached to less than 50% of the policies.
10. Countrywide Experience:
Please enter total countrywide experience for this policy form by duration for the following:
Duration - The number of years a policy has been in force. Round down to the nearest year when reporting experience.
Number of Policies in Force
Written Premium
Earned Premium
Paid Claim Count - Enter number of claims paid.
Paid Losses - Enter dollars paid for claims excluding loss adjustment expense.
Total Loss Reserves - Enter all reserves used to adjust paid losses to incurred losses.
Incurred Claim Counts - Enter the number of incurred claims.
Incurred Losses - Enter the dollars incurred. Exclude all administrative and loss adjustment expenses. (Paid + Loss Reserve)
Loss Ratio - Incurred losses divided by earned premium.