

STATE OF MISSOURI
DEPARTMENT OF INSURANCE
MEDICARE SUPPLEMENT RATE FILING DOCUMENT

COMPANY INFORMATION Company Name: _____ NAIC Company Code (9 digits): _____ Domicile State: _____ Date of this Filing: _____ POLICY FORM INFORMATION Policy Form Number(s): _____ Plan Type (check one): Standardized Plans: <table style="width: 100%;"> <tr> <td>_____ Plan A</td> <td>_____ Plan F</td> </tr> <tr> <td>_____ Plan B</td> <td>_____ Plan G</td> </tr> <tr> <td>_____ Plan C</td> <td>_____ Plan H</td> </tr> <tr> <td>_____ Plan D</td> <td>_____ Plan I</td> </tr> <tr> <td>_____ Plan E</td> <td>_____ Plan J</td> </tr> </table> Pre-Standardized Plans: _____ One Policy Form _____ Pooled Policy Forms Plan Type (check one): <table style="width: 100%;"> <tr> <td>_____ Individual</td> <td>_____ Indiv. Select</td> </tr> <tr> <td>_____ Group</td> <td>_____ Group Select</td> </tr> </table> Marketing Method (check one): <table style="width: 100%;"> <tr> <td>_____ Agent Sold</td> <td>_____ Dir. Response</td> </tr> <tr> <td>_____ Conversion</td> <td>_____ Assumption</td> </tr> </table> Underwriting Method (excl. open enrollment) (check one): <table style="width: 100%;"> <tr> <td>_____ Guar. Issue</td> <td>_____ Underwritten</td> </tr> </table> Eligibility (check all that apply): <table style="width: 100%;"> <tr> <td>_____ Age 65 & Over</td> <td>_____ Disabled</td> </tr> </table>	_____ Plan A	_____ Plan F	_____ Plan B	_____ Plan G	_____ Plan C	_____ Plan H	_____ Plan D	_____ Plan I	_____ Plan E	_____ Plan J	_____ Individual	_____ Indiv. Select	_____ Group	_____ Group Select	_____ Agent Sold	_____ Dir. Response	_____ Conversion	_____ Assumption	_____ Guar. Issue	_____ Underwritten	_____ Age 65 & Over	_____ Disabled	POLICY RATE/PREMIUM INFORMATION Original Filed Loss Ratio: _____ % Rate Change Requested: _____ % Effective Period (expected): ____/____/____ - ____/____/____ (these dates may change based on the approval date) Premium Rating Basis (if mixed, check all that apply): <table style="width: 100%;"> <tr> <td>_____ Issue Age</td> </tr> <tr> <td>_____ Attained Age</td> </tr> <tr> <td>_____ Community Rated</td> </tr> </table> Number of Missouri Rating Areas: _____ List Rate Filings in Missouri in Last 5 Years: (list most recent first) <table style="width: 100%;"> <tr> <th style="text-align: center;">Approved (mo/yr)</th> <th style="text-align: center;">Implemented (mo/yr)</th> <th style="text-align: center;">Rate Change Approved (%)</th> </tr> <tr><td style="text-align: center;">/</td><td style="text-align: center;">/</td><td style="text-align: center;">%</td></tr> <tr><td style="text-align: center;">/</td><td style="text-align: center;">/</td><td style="text-align: center;">%</td></tr> <tr><td style="text-align: center;">/</td><td style="text-align: center;">/</td><td style="text-align: center;">%</td></tr> <tr><td style="text-align: center;">/</td><td style="text-align: center;">/</td><td style="text-align: center;">%</td></tr> <tr><td style="text-align: center;">/</td><td style="text-align: center;">/</td><td style="text-align: center;">%</td></tr> <tr><td style="text-align: center;">/</td><td style="text-align: center;">/</td><td style="text-align: center;">%</td></tr> </table> POLICY DATA <table style="width: 100%;"> <tr> <th></th> <th style="text-align: center;">Missouri</th> <th style="text-align: center;">National</th> </tr> <tr><td>Policy Approved in (year)</td><td></td><td></td></tr> <tr><td>First Policy Issued in (year)</td><td></td><td></td></tr> <tr><td>Last Policy Issued in (year)*</td><td></td><td></td></tr> <tr><td>Policy Withdrawn in (year)*</td><td></td><td></td></tr> <tr><td>Number of Aged Insureds</td><td></td><td></td></tr> <tr><td>Number of Disabled Insureds</td><td></td><td></td></tr> <tr><td>Number of Total Insureds</td><td></td><td></td></tr> </table> Insured Data as of: ____/____/____ *-If still being issued, state "Current"	_____ Issue Age	_____ Attained Age	_____ Community Rated	Approved (mo/yr)	Implemented (mo/yr)	Rate Change Approved (%)	/	/	%	/	/	%	/	/	%	/	/	%	/	/	%	/	/	%		Missouri	National	Policy Approved in (year)			First Policy Issued in (year)			Last Policy Issued in (year)*			Policy Withdrawn in (year)*			Number of Aged Insureds			Number of Disabled Insureds			Number of Total Insureds		
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ACTUARIAL CERTIFICATION

I hereby certify that to the best of my knowledge and ability, the following are true with respect to this filing:

- The assumptions present the actuary's best judgment as to the expected value for each assumption and are consistent with the issuer's business plan at the time of the filing.
- The anticipated lifetime, future, and third-year loss ratios all comply with the regulatory loss ratio requirements.
 For pre-standardized plans, the 1996-and-later (SSA-94) loss ratio also complies with the regulatory loss ratio requirements.
- The filed rates maintain the proper relationship between policies which have different rating methodologies (if such exist).
- The filing was prepared based on the current standards of practice as promulgated by the Actuarial Standards Board.
- The filing is in compliance with applicable laws and regulations in the state.
- The rates requested are reasonable in relationship to the benefits provided.

 Actuary's Signature: _____
 Actuary's Name (print), including actuarial accreditations: _____
 Date Signed: _____

Note: As a convenience, a copy of this form is available at the MDI and/or Society of Actuaries web sites (www.insurance.state.mo.us and www.soa.org). The file name is MSMO375.WK4.