# AMENDED FILING EXPLANATION

This an electronic amended Annual Statement filing for American Retirement Life Insurance Company (ARLIC) to correct the following discrepancies:

1. **2016 March Supplement**: Revised the Medicare Supplement Insurance Experience Exhibit to update the "Policy Issued Through 2013" data that was not initially included.

**LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION**

* 8 8 3 6 6 2 0 1 6 2 0 1 0 0 1 0 5 *

# ANNUAL STATEMENT

**For the Year Ended December 31, 2016**

of the Condition and Affairs of the

# American Retirement Life Insurance Company

NAIC Group Code.....0901, 0901 (Current Period) (Prior Period) | NAIC Company Code..... 88366 | Employer's ID Number..... 59-2760189

Organized under the Laws of OH | State of Domicile or Port of Entry OH | Country of Domicile US

Incorporated/Organized..... May 12, 1978 | Commenced Business..... November 27, 1978

| | | |
|---|---|---|
| Statutory Home Office | 1300 East Ninth Street..... Cleveland ..... OH ..... US ..... 44114<br>*(Street and Number) (City or Town, State, Country and Zip Code)* | |
| Main Administrative Office | 11200 Lakeline Blvd., Suite 100..... Austin ..... TX ..... US..... 78717<br>*(Street and Number) (City or Town, State, Country and Zip Code)* | (512) 451-2224<br>*(Area Code) (Telephone Number)* |
| Mail Address | 11200 Lakeline Blvd., Suite 100..... Austin ..... TX ..... US ..... 78717<br>*(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)* | |
| Primary Location of Books and Records | 11200 Lakeline Blvd., Suite 100..... Austin ..... TX ..... US ..... 78717<br>*(Street and Number) (City or Town, State, Country and Zip Code)* | (512) 451-2224<br>*(Area Code) (Telephone Number)* |
| Internet Web Site Address | CignaSupplementalBenefits.com | |
| Statutory Statement Contact | Renee Wilkins Feldman<br>*(Name)*<br>CSBFinRpt@cigna.com<br>*(E-Mail Address)* | (512) 531-1465<br>*(Area Code) (Telephone Number) (Extension)*<br>512-467-1399<br>*(Fax Number)* |

## OFFICERS

| Name | Title | Name | Title |
|---|---|---|---|
| 1. Brian Case Evanko | President | 2. Byron Keith Buescher | Treasuer and Chief Accounting Officer |
| 3. Anna Krishtul | Secretary | 4. Susan Eadaoine Buck # | Appointed Actuary |

## OTHER

| | | | |
|---|---|---|---|
| Jessica Kierulf Tutwiler | Executive Vice President and Chief Financial Officer | David Lawrence Chambers | Vice President-Sales and Marketing |
| Mark Fleming | Vice President and Assistant Treasurer | Joanne Ruth Hart | Vice President and Assistant Treasurer |
| Stephen Burnett Jones # | Vice President | Scott Ronald Lambert | Vice President and Assistant Treasurer |
| Eric Paul Palmer | Vice President | Maureen Hardiman Ryan | Vice President and Assistant Treasurer |
| Man-Kit Simon Tang | Vice President and Chief Actuary | | |

## DIRECTORS OR TRUSTEES

Brian Case Evanko, Jessica Kierulf Tutwiler, James Yablecki, Eric Paul Palmer, Frank Sataline Jr.

State of..... Texas
County of..... Williamson

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

| (Signature) | (Signature) | (Signature) |
|---|---|---|
| Brian Case Evanko | Byron Keith Buescher | Anna Krishtul |
| 1. (Printed Name) | 2. (Printed Name) | 3. (Printed Name) |
| President | Treasuer and Chief Accounting Officer | Secretary |
| (Title) | (Title) | (Title) |

Subscribed and sworn to before me
This _____ day of February 2017

a. Is this an original filing? Yes [ X ] No [ ]
b. If no 1. State the amendment number
2. Date filed
3. Number of pages attached

Supplement for the year 2016 of the **American Retirement Life Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Alabama

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-AA-F | F | NO | 34000 | 12/28/2012 | | | | Medicare Supplement | 699,001 | 574,813 | 82.2 | 335 | 1,716,359 | 1,318,367 | 76.8 | 926 |
| YES | AR-AM-AA-G | G | NO | 34000 | 12/28/2012 | | | | Medicare Supplement | 251,324 | 161,103 | 64.1 | 147 | 797,338 | 647,272 | 81.2 | 570 |
| YES | AR-AM-AA-N | N | NO | 34000 | 12/28/2012 | | | | Medicare Supplement | 66,812 | 39,957 | 59.8 | 49 | 244,516 | 169,075 | 69.1 | 202 |
| YES | AR-DM-AA-F | F | NO | 204000 | 01/17/2013 | | | | Medicare Supplement | 70,228 | 44,628 | 63.5 | 31 | 467,172 | 396,519 | 84.9 | 257 |
| YES | AR-DM-AA-G | G | NO | 204000 | 01/17/2013 | | | | Medicare Supplement | 30,606 | 14,523 | 47.5 | 16 | 331,498 | 267,349 | 80.6 | 250 |
| YES | AR-DM-AA-N | N | NO | 204000 | 01/17/2013 | | | | Medicare Supplement | 6,345 | 435 | 6.9 | 4 | 130,474 | 103,516 | 79.3 | 124 |
| YES | AR-XM-AA-F | F | NO | 30500 | 03/27/2015 | | | | Medicare Supplement | | | 0.0 | | 262,710 | 162,526 | 61.9 | 151 |
| YES | AR-XM-AA-G | G | NO | 30500 | 03/27/2015 | | | | Medicare Supplement | | | 0.0 | | 85,823 | 46,034 | 53.6 | 57 |
| YES | AR-XM-AAHF | H | NO | 30500 | 03/27/2015 | | | | Medicare Supplement | | | 0.0 | | 12,836 | 4,552 | 35.5 | 22 |
| YES | AR-XM-AA-N | N | NO | 30500 | 03/27/2015 | | | | Medicare Supplement | | | 0.0 | | 144,181 | 71,240 | 49.4 | 103 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 1,124,316 | 835,459 | 74.3 | 582 | 4,192,906 | 3,186,451 | 76.0 | 2,662 |

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**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **American Retirement Life Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Arkansas

8 8 3 6 6 2 0 1 6 3 6 0 0 4 1 0 5 *

NAIC Group Code.....0901
NAIC Company Code.....88366
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-IA-F | F | NO | 34000 | 03/06/2013 | | | | Medicare Supplement | 59,749 | 44,368 | 74.3 | 30 | 640,373 | 555,422 | 86.7 | 340 |
| YES | AR-AM-IA-G | G | NO | 34000 | 03/06/2013 | | | | Medicare Supplement | 22,872 | 5,000 | 21.9 | 14 | 587,191 | 456,665 | 77.8 | 917 |
| YES | AR-AM-IA-N | N | NO | 34000 | 03/06/2013 | | | | Medicare Supplement | 6,083 | 1,336 | 22.0 | 4 | 100,782 | 42,258 | 41.9 | 73 |
| YES | AR-DM-IA-F | F | NO | 204000 | 04/02/2013 | | | | Medicare Supplement | 18,777 | 12,860 | 68.5 | 9 | 194,646 | 152,747 | 78.5 | 109 |
| YES | AR-DM-IA-G | G | NO | 204000 | 04/02/2013 | | | | Medicare Supplement | 4,728 | 10,808 | 228.6 | 3 | 98,103 | 77,210 | 78.7 | 78 |
| YES | AR-DM-IA-N | N | NO | 204000 | 04/02/2013 | | | | Medicare Supplement | 2,879 | 8,034 | 279.1 | 2 | 38,197 | 42,021 | 110.0 | 28 |
| YES | AR-XM-IA-F | F | NO | 30500 | 05/22/2015 | | | | Medicare Supplement | | | 0.0 | | 38,550 | 23,530 | 61.0 | 18 |
| YES | AR-XM-IA-G | G | NO | 30500 | 05/22/2015 | | | | Medicare Supplement | | | 0.0 | | 14,315 | 6,378 | 44.6 | 9 |
| YES | AR-XM-IAHF | F | NO | 30500 | 05/22/2015 | | | | Medicare Supplement | | | 0.0 | | 867 | 135 | 15.6 | 2 |
| YES | AR-XM-IA-N | N | NO | 30500 | 05/22/2015 | | | | Medicare Supplement | | | 0.0 | | 5,841 | 10,136 | 173.5 | 9 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 115,088 | 82,406 | 71.6 | 62 | 1,718,865 | 1,366,502 | 79.5 | 1,583 |

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**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **American Retirement Life Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Arizona

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-IA-A | A | NO | 34000 | 04/03/2013 | | | | Medicare Supplement | | | 0.0 | | | | 0.0 | |
| YES | AR-AM-IA-F | F | NO | 34000 | 04/03/2013 | | | | Medicare Supplement | 113,293 | 94,186 | 83.1 | 53 | 606,783 | 454,936 | 75.0 | 304 |
| YES | AR-AM-IA-G | G | NO | 34000 | 04/03/2013 | | | | Medicare Supplement | 55,062 | 97,636 | 177.3 | 31 | 275,211 | 183,608 | 66.7 | 167 |
| YES | AR-AM-IA-N | N | NO | 34000 | 04/03/2013 | | | | Medicare Supplement | 3,505 | 365 | 10.4 | 2 | 79,140 | 63,910 | 80.8 | 49 |
| YES | AR-DM-IA-F | F | NO | 204000 | 06/06/2013 | | | | Medicare Supplement | 16,263 | 13,921 | 85.6 | 7 | 378,430 | 258,074 | 68.2 | 187 |
| YES | AR-DM-IA-G | G | NO | 204000 | 06/06/2013 | | | | Medicare Supplement | 4,819 | 36,572 | 758.9 | 3 | 301,364 | 182,214 | 60.5 | 184 |
| YES | AR-DM-IA-N | N | NO | 204000 | 06/06/2013 | | | | Medicare Supplement | 3,340 | 130 | 3.9 | 2 | 159,677 | 85,693 | 53.7 | 107 |
| YES | AR-XM-IA-F | F | NO | 30500 | 04/07/2015 | | | | Medicare Supplement | | | 0.0 | | 917,463 | 731,890 | 79.8 | 416 |
| YES | AR-XM-IA-G | G | NO | 30500 | 04/07/2015 | | | | Medicare Supplement | | | 0.0 | | 169,606 | 148,646 | 87.6 | 101 |
| YES | AR-XM-IAHF | H | NO | 30500 | 04/07/2015 | | | | Medicare Supplement | | | 0.0 | | 61,944 | 58,518 | 94.5 | 79 |
| YES | AR-XM-IA-N | N | NO | 30500 | 04/07/2015 | | | | Medicare Supplement | | | 0.0 | | 152,954 | 123,206 | 80.6 | 110 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 196,282 | 242,810 | 123.7 | 98 | 3,102,573 | 2,290,694 | 73.8 | 1,704 |



**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **American Retirement Life Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Colorado

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-AA-A | A | NO | 34060 | 05/21/2013 | | | | Medicare Supplement | | | 0.0 | | 828 | 3,518 | 425.0 | |
| YES | AR-AM-AA-F | F | NO | 34060 | 05/21/2013 | | | | Medicare Supplement | 1,471,622 | 1,232,691 | 83.8 | 659 | 6,665,490 | 6,582,392 | 98.8 | 3,380 |
| YES | AR-AM-AA-G | G | NO | 34060 | 05/21/2013 | | | | Medicare Supplement | 391,961 | 275,361 | 70.3 | 208 | 2,548,539 | 1,887,249 | 74.1 | 1,859 |
| YES | AR-AM-AA-N | N | NO | 34060 | 05/21/2013 | | | | Medicare Supplement | 73,279 | 54,594 | 74.5 | 50 | 731,360 | 441,029 | 60.3 | 657 |
| YES | AR-DM-AA-F | F | NO | 204060 | 08/23/2013 | | | | Medicare Supplement | 3,209 | 411 | 12.8 | 2 | 628,052 | 522,744 | 83.2 | 334 |
| YES | AR-DM-AA-G | G | NO | 204060 | 08/23/2013 | | | | Medicare Supplement | 15,562 | 9,884 | 63.5 | 9 | 508,966 | 361,105 | 70.9 | 380 |
| YES | AR-DM-AA-N | N | NO | 204060 | 08/23/2013 | | | | Medicare Supplement | 1,700 | 3 | 0.2 | 1 | 175,904 | 85,712 | 48.7 | 153 |
| YES | AR-XM-AA-F | F | NO | 30560 | 10/12/2015 | | | | Medicare Supplement | | | 0.0 | | 7,989 | 3,638 | 45.5 | 17 |
| YES | AR-XM-AA-G | G | NO | 30560 | 10/12/2015 | | | | Medicare Supplement | | | 0.0 | | 3,937 | 2,330 | 59.2 | 14 |
| YES | AR-XM-AAHF | F | NO | 30560 | 10/12/2015 | | | | Medicare Supplement | | | 0.0 | | 671 | 225 | 33.5 | 3 |
| YES | AR-XM-AA-N | N | NO | 30560 | 10/12/2015 | | | | Medicare Supplement | | | 0.0 | | 547 | 434 | 79.3 | 4 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 1,957,333 | 1,572,944 | 80.4 | 929 | 11,272,282 | 9,890,376 | 87.7 | 6,801 |



**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **American Retirement Life Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

8 8 3 6 6 2 0 1 6 3 6 0 0 8 1 0 5 *

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Delaware

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-AA-A | A | NO | 34060 | .03/15/2013 | | | | Medicare Supplement | | | 0.0 | | 4,176 | 1,145 | 27.4 | 2 |
| YES | AR-AM-AA-F | F | NO | 34060 | .03/15/2013 | | | | Medicare Supplement | 53,588 | 32,153 | 60.0 | 21 | 264,833 | 175,208 | 66.2 | 109 |
| YES | AR-AM-AA-G | G | NO | 34060 | .03/15/2013 | | | | Medicare Supplement | 38,546 | 19,133 | 49.6 | 18 | 123,677 | 114,025 | 92.2 | 71 |
| YES | AR-AM-AA-N | N | NO | 34060 | .03/15/2013 | | | | Medicare Supplement | 8,911 | 7,737 | 86.8 | 6 | 66,477 | 53,509 | 80.5 | 45 |
| YES | AR-DM-AA-A | A | NO | 34000 | .04/09/2013 | | | | Medicare Supplement | | | 0.0 | | | | 0.0 | |
| YES | AR-DM-AA-F | F | NO | 204060 | .04/09/2013 | | | | Medicare Supplement | 24,858 | 32,767 | 131.8 | 10 | 71,554 | 36,215 | 50.6 | 31 |
| YES | AR-DM-AA-G | G | NO | 204060 | .04/09/2013 | | | | Medicare Supplement | 9,504 | 4,451 | 46.8 | 5 | 80,946 | 58,231 | 71.9 | 43 |
| YES | AR-DM-AA-N | N | NO | 204060 | .04/09/2013 | | | | Medicare Supplement | 6,331 | 831 | 13.1 | 4 | 49,046 | 24,880 | 50.7 | 34 |
| YES | AR-XM-AA-F | F | NO | 34060 | .07/24/2015 | | | | Medicare Supplement | | | 0.0 | | 2,234 | 1,367 | 61.2 | 5 |
| YES | AR-XM-AA-G | G | NO | 34060 | .07/24/2015 | | | | Medicare Supplement | | | 0.0 | | 161 | 155 | 96.1 | 1 |
| YES | AR-XM-AAHF | F | NO | 34060 | .07/24/2015 | | | | Medicare Supplement | | | 0.0 | | 73 | 70 | 96.1 | 1 |
| YES | AR-XM-AA-N | N | NO | 34060 | .07/24/2015 | | | | Medicare Supplement | | | 0.0 | | 579 | 559 | 96.5 | 4 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 141,738 | 97,072 | 68.5 | 64 | 663,757 | 465,363 | 70.1 | 346 |



**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824

**GENERAL INTERROGATORIES**

4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **American Retirement Life Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

8 8 3 6 6 2 0 1 6 3 6 0 1 0 1 0 5 *

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Florida

NAIC Group Code.....0901
NAIC Company Code.....88366
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-IA-A | A | NO | 34060 | .01/10/2014 | | | | Medicare Supplement | | | 0.0 | | 59,436 | 83,185 | 140.0 | 15 |
| YES | AR-AM-IA-F | F | NO | 34060 | .01/10/2014 | | | | Medicare Supplement | | | 0.0 | | 1,882,370 | 1,315,677 | 69.9 | 820 |
| YES | AR-AM-IA-G | G | NO | 34060 | .01/10/2014 | | | | Medicare Supplement | | | 0.0 | | 1,393,058 | 911,909 | 65.5 | 777 |
| YES | AR-AM-IA-N | N | NO | 34060 | .01/10/2014 | | | | Medicare Supplement | | | 0.0 | | 1,024,050 | 519,661 | 50.7 | 630 |
| YES | AR-DM-IA-A | A | NO | 34000 | .04/24/2014 | | | | Medicare Supplement | | | 0.0 | | | | 0.0 | |
| YES | AR-DM-IA-F | F | NO | 204060 | .04/24/2014 | | | | Medicare Supplement | | | 0.0 | | 424,591 | 348,301 | 82.0 | 162 |
| YES | AR-DM-IA-G | G | NO | 204060 | .04/24/2014 | | | | Medicare Supplement | | | 0.0 | | 329,322 | 177,027 | 53.8 | 156 |
| YES | AR-DM-IA-N | N | NO | 204060 | .04/24/2014 | | | | Medicare Supplement | | | 0.0 | | 218,473 | 121,203 | 55.5 | 121 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 0 | 0 | 0.0 | 0 | 5,331,300 | 3,476,964 | 65.2 | 2,681 |

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**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Georgia

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-IA-A | A | NO | 34000 | 07/22/2013 | | | | Medicare Supplement | | | 0.0 | | | | 0.0 | |
| YES | AR-AM-IA-F | F | NO | 34060 | 07/22/2013 | | | | Medicare Supplement | 152,900 | 96,691 | 63.2 | 69 | 1,056,351 | 938,061 | 88.8 | 531 |
| YES | AR-AM-IA-G | G | NO | 34060 | 07/22/2013 | | | | Medicare Supplement | 44,908 | 46,461 | 103.5 | 23 | 529,118 | 328,170 | 62.0 | 343 |
| YES | AR-AM-IA-N | N | NO | 34060 | 07/22/2013 | | | | Medicare Supplement | 17,360 | 17,701 | 102.0 | 11 | 190,163 | 86,936 | 45.7 | 129 |
| YES | AR-DM-IA-F | F | NO | 204060 | 10/22/2013 | | | | Medicare Supplement | | | 0.0 | | 530,101 | 395,293 | 74.6 | 254 |
| YES | AR-DM-IA-G | G | NO | 204060 | 10/22/2013 | | | | Medicare Supplement | | | 0.0 | | 435,955 | 270,197 | 62.0 | 264 |
| YES | AR-DM-IA-N | N | NO | 204060 | 10/22/2013 | | | | Medicare Supplement | | | 0.0 | | 237,427 | 157,738 | 66.4 | 165 |
| YES | AR-XM-IA-F | F | NO | 30560 | 06/26/2015 | | | | Medicare Supplement | | | 0.0 | | 2,557,722 | 1,807,340 | 70.7 | 1,452 |
| YES | AR-XM-IA-G | G | NO | 30560 | 06/26/2015 | | | | Medicare Supplement | | | 0.0 | | 438,758 | 332,924 | 75.9 | 357 |
| YES | AR-XM-IAHF | F | NO | 30560 | 06/26/2015 | | | | Medicare Supplement | | | 0.0 | | 89,227 | 23,398 | 26.2 | 118 |
| YES | AR-XM-IA-N | N | NO | 30560 | 06/26/2015 | | | | Medicare Supplement | | | 0.0 | | 294,192 | 145,217 | 49.4 | 260 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 215,168 | 160,853 | 74.8 | 103 | 6,359,013 | 4,485,274 | 70.5 | 3,873 |



**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **American Retirement Life Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Iowa

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-AA-F | F | NO | 34000 | 02/04/2013 | | | | Medicare Supplement | 413,533 | 280,065 | 67.7 | 180 | 584,665 | 531,081 | 90.8 | 296 |
| YES | AR-AM-AA-G | G | NO | 34000 | 02/04/2013 | | | | Medicare Supplement | 21,203 | 4,201 | 19.8 | 12 | 500,188 | 392,087 | 78.4 | 921 |
| YES | AR-AM-AA-N | N | NO | 34000 | 02/04/2013 | | | | Medicare Supplement | 3,727 | 629 | 16.9 | 3 | 46,571 | 26,528 | 57.0 | 35 |
| YES | AR-DM-AA-F | F | NO | 204000 | 03/05/2013 | | | | Medicare Supplement | 34,691 | 60,051 | 173.1 | 17 | 172,794 | 209,983 | 121.5 | 104 |
| YES | AR-DM-AA-G | G | NO | 204000 | 03/05/2013 | | | | Medicare Supplement | 2,698 | 5,157 | 191.1 | 2 | 102,061 | 89,947 | 88.1 | 157 |
| YES | AR-DM-AA-N | N | NO | 204000 | 03/05/2013 | | | | Medicare Supplement | 2,226 | 15,589 | 700.3 | 1 | 30,339 | 31,092 | 102.5 | 28 |
| YES | AR-XM-AA-F | F | NO | 30500 | 05/11/2015 | | | | Medicare Supplement | | | 0.0 | | 308,850 | 213,842 | 69.2 | 158 |
| YES | AR-XM-AA-G | G | NO | 30500 | 05/11/2015 | | | | Medicare Supplement | | | 0.0 | | 115,545 | 95,442 | 82.6 | 68 |
| YES | AR-XM-AAHF | F | NO | 30500 | 05/11/2015 | | | | Medicare Supplement | | | 0.0 | | 6,311 | 1,986 | 31.5 | 14 |
| YES | AR-XM-AA-N | N | NO | 30500 | 05/11/2015 | | | | Medicare Supplement | | | 0.0 | | 59,594 | 44,168 | 74.1 | 45 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 478,078 | 365,692 | 76.5 | 215 | 1,926,919 | 1,636,157 | 84.9 | 1,826 |



**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **American Retirement Life Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Illinois

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-AA-F | F | NO | 34060 | 02/09/2013 | | | | Medicare Supplement | 1,222,457 | 980,975 | 80.2 | 560 | 3,174,382 | 2,598,643 | 81.9 | 1,654 |
| YES | AR-AM-AA-G | G | NO | 34060 | 02/09/2013 | | | | Medicare Supplement | 193,414 | 208,813 | 108.0 | 105 | 674,826 | 495,075 | 73.4 | 407 |
| YES | AR-AM-AA-N | N | NO | 34060 | 02/09/2013 | | | | Medicare Supplement | 87,000 | 107,151 | 123.2 | 56 | 250,070 | 222,062 | 88.8 | 173 |
| YES | AR-DM-AA-F | F | NO | 204060 | 04/11/2013 | | | | Medicare Supplement | | | 0.0 | | 742,407 | 613,780 | 82.7 | 406 |
| YES | AR-DM-AA-G | G | NO | 204060 | 04/11/2013 | | | | Medicare Supplement | | | 0.0 | | 473,899 | 334,993 | 70.7 | 318 |
| YES | AR-DM-AA-N | N | NO | 204060 | 04/11/2013 | | | | Medicare Supplement | | | 0.0 | | 242,235 | 180,605 | 74.6 | 190 |
| YES | AR-XM-AA-F | F | NO | 30560 | 04/27/2015 | | | | Medicare Supplement | | | 0.0 | | 653,459 | 609,167 | 93.2 | 401 |
| YES | AR-XM-AA-G | G | NO | 30560 | 04/27/2015 | | | | Medicare Supplement | | | 0.0 | | 361,368 | 283,761 | 78.5 | 225 |
| YES | AR-XM-AAHF | F | NO | 30560 | 04/27/2015 | | | | Medicare Supplement | | | 0.0 | | 12,759 | 17,207 | 134.9 | 20 |
| YES | AR-XM-AA-N | N | NO | 30560 | 04/27/2015 | | | | Medicare Supplement | | | 0.0 | | 500,215 | 416,839 | 83.3 | 348 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 1,502,871 | 1,296,939 | 86.3 | 721 | 7,085,621 | 5,772,131 | 81.5 | 4,142 |



**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Indiana

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-AA-A | A | NO | 34000 | 04/02/2013 | | | | Medicare Supplement | | | 0.0 | | 4,624 | 444 | 9.6 | 3 |
| YES | AR-AM-AA-F | F | NO | 34000 | 04/02/2013 | | | | Medicare Supplement | 2,174,226 | 1,673,929 | 77.0 | 1,117 | 9,868,157 | 7,949,065 | 80.6 | 5,786 |
| YES | AR-AM-AA-G | G | NO | 34000 | 04/02/2013 | | | | Medicare Supplement | 356,448 | 224,595 | 63.0 | 205 | 3,018,097 | 2,250,190 | 74.6 | 2,232 |
| YES | AR-AM-AA-N | N | NO | 34000 | 04/02/2013 | | | | Medicare Supplement | 270,624 | 246,228 | 91.0 | 177 | 1,352,478 | 935,044 | 69.1 | 1,087 |
| YES | AR-DM-AA-F | F | NO | 204000 | 07/23/2013 | | | | Medicare Supplement | 17,592 | 9,639 | 54.8 | 8 | 842,289 | 644,121 | 76.5 | 485 |
| YES | AR-DM-AA-G | G | NO | 204000 | 07/23/2013 | | | | Medicare Supplement | 6,757 | 423 | 6.3 | 3 | 549,827 | 426,696 | 77.6 | 390 |
| YES | AR-DM-AA-N | N | NO | 204000 | 07/23/2013 | | | | Medicare Supplement | | | 0.0 | | 169,873 | 101,075 | 59.5 | 136 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 2,825,647 | 2,154,814 | 76.3 | 1,510 | 15,805,345 | 12,306,635 | 77.9 | 10,119 |

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**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Kansas

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-AA-A | A | NO | 34060 | 05/29/2013 | | | | Medicare Supplement | | | 0.0 | | | | 0.0 | |
| YES | AR-AM-AA-F | F | NO | 34060 | 05/29/2013 | | | | Medicare Supplement | 1,456,262 | 1,174,020 | 80.6 | 664 | 6,921,235 | 6,278,383 | 90.7 | 3,446 |
| YES | AR-AM-AA-G | G | NO | 34060 | 05/29/2013 | | | | Medicare Supplement | 231,983 | 180,098 | 77.6 | 135 | 1,819,027 | 1,359,162 | 74.7 | 1,239 |
| YES | AR-AM-AA-N | N | NO | 34060 | 05/29/2013 | | | | Medicare Supplement | 117,103 | 54,085 | 46.2 | 78 | 722,008 | 468,207 | 64.8 | 554 |
| YES | AR-DM-AA-F | F | NO | 204060 | 08/05/2013 | | | | Medicare Supplement | 2,501 | 484 | 19.4 | 1 | 422,362 | 425,972 | 100.9 | 218 |
| YES | AR-DM-AA-G | G | NO | 204060 | 08/05/2013 | | | | Medicare Supplement | | | 0.0 | | 324,473 | 239,737 | 73.9 | 213 |
| YES | AR-DM-AA-N | N | NO | 204060 | 08/05/2013 | | | | Medicare Supplement | | | 0.0 | | 109,468 | 59,059 | 54.0 | 84 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 1,807,849 | 1,408,687 | 77.9 | 878 | 10,318,575 | 8,830,520 | 85.6 | 5,754 |

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**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **American Retirement Life Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

8 8 3 6 6 2 0 1 6 3 6 0 1 8 1 0 5 *

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Kentucky

NAIC Group Code.....0901
NAIC Company Code.....88366
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-AA-F | F | NO | 34060 | .01/16/2013 | | | | Medicare Supplement | 965,413 | 716,802 | 74.2 | 446 | 5,142,203 | 4,776,192 | 92.9 | 2,636 |
| YES | AR-AM-AA-G | G | NO | 34060 | .01/16/2013 | | | | Medicare Supplement | 226,788 | 177,415 | 78.2 | 128 | 1,220,977 | 1,017,263 | 83.3 | 865 |
| YES | AR-AM-AA-N | N | NO | 34060 | .01/16/2013 | | | | Medicare Supplement | 60,344 | 31,267 | 51.8 | 43 | 543,291 | 321,923 | 59.3 | 421 |
| YES | AR-DM-AA-F | F | NO | 204060 | .02/21/2013 | | | | Medicare Supplement | 116,497 | 108,930 | 93.5 | 56 | 547,334 | 455,402 | 83.2 | 319 |
| YES | AR-DM-AA-G | G | NO | 204060 | .02/21/2013 | | | | Medicare Supplement | 24,248 | 9,507 | 39.2 | 14 | 295,392 | 180,679 | 61.2 | 207 |
| YES | AR-DM-AA-N | N | NO | 204060 | .02/21/2013 | | | | Medicare Supplement | 13,905 | 4,444 | 32.0 | 9 | 129,945 | 93,046 | 71.6 | 103 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 1,407,195 | 1,048,365 | 74.5 | 696 | 7,879,142 | 6,844,506 | 86.9 | 4,551 |

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**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **American Retirement Life Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Louisiana

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-AA-A | A | NO | 34060 | 01/23/2013 | | | | Medicare Supplement | | | 0.0 | | | | 0.0 | |
| YES | AR-AM-AA-F | F | NO | 34060 | 01/23/2013 | | | | Medicare Supplement | 523,809 | 434,857 | 83.0 | 250 | 1,399,076 | 1,140,770 | 81.5 | 770 |
| YES | AR-AM-AA-G | G | NO | 34060 | 01/23/2013 | | | | Medicare Supplement | 126,416 | 78,232 | 61.9 | 76 | 889,241 | 672,671 | 75.6 | 1,314 |
| YES | AR-AM-AA-N | N | NO | 34060 | 01/23/2013 | | | | Medicare Supplement | 25,236 | 7,802 | 30.9 | 17 | 181,081 | 160,739 | 88.8 | 119 |
| YES | AR-DM-AA-F | F | NO | 204060 | 02/21/2013 | | | | Medicare Supplement | 73,803 | 45,580 | 61.8 | 32 | 304,218 | 235,696 | 77.5 | 167 |
| YES | AR-DM-AA-G | G | NO | 204060 | 02/21/2013 | | | | Medicare Supplement | 7,098 | 6,067 | 85.5 | 4 | 268,860 | 170,062 | 63.3 | 245 |
| YES | AR-DM-AA-N | N | NO | 204060 | 02/21/2013 | | | | Medicare Supplement | 9,601 | 2,841 | 29.6 | 7 | 102,010 | 83,509 | 81.9 | 77 |
| YES | AR-XM-AA-A | A | NO | 30560 | 06/09/2015 | | | | Medicare Supplement | | | 0.0 | | 2,131 | 206 | 9.7 | 1 |
| YES | AR-XM-AA-F | F | NO | 30560 | 06/09/2015 | | | | Medicare Supplement | | | 0.0 | | 142,444 | 142,651 | 100.1 | 84 |
| YES | AR-XM-AA-G | G | NO | 30560 | 06/09/2015 | | | | Medicare Supplement | | | 0.0 | | 107,391 | 78,367 | 73.0 | 75 |
| YES | AR-XM-AAHF | H | NO | 30560 | 06/09/2015 | | | | Medicare Supplement | | | 0.0 | | 5,923 | 4,365 | 73.7 | 12 |
| YES | AR-XM-AAHF | N | NO | 30560 | 06/09/2015 | | | | Medicare Supplement | | | 0.0 | | 80,955 | 57,876 | 71.5 | 65 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 765,963 | 575,379 | 75.1 | 386 | 3,483,331 | 2,746,913 | 78.9 | 2,929 |



**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824

**GENERAL INTERROGATORIES**

4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **American Retirement Life Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

8 8 3 6 6 2 0 1 6 3 6 0 2 1 1 0 5 *

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Maryland

NAIC Group Code.....0901
NAIC Company Code.....88366
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-AA-A | A | NO | 34000 | 07/02/2013 | | | | Medicare Supplement | 2,142 | 5,320 | 248.4 | 1 | 96,975 | 170,200 | 175.5 | 48 |
| YES | AR-AM-AA-F | F | NO | 34000 | 07/02/2013 | | | | Medicare Supplement | 46,765 | 59,559 | 127.4 | 17 | 399,625 | 337,368 | 84.4 | 167 |
| YES | AR-AM-AA-G | G | NO | 34000 | 07/02/2013 | | | | Medicare Supplement | 32,638 | 20,858 | 63.9 | 14 | 237,122 | 169,820 | 71.6 | 124 |
| YES | AR-AM-AA-N | N | NO | 34000 | 07/02/2013 | | | | Medicare Supplement | 14,796 | 7,115 | 48.1 | 8 | 151,484 | 111,632 | 73.7 | 83 |
| YES | AR-DM-AA-A | A | NO | 204060 | 09/26/2013 | | | | Medicare Supplement | | | 0.0 | | 26,785 | 19,107 | 71.3 | 16 |
| YES | AR-DM-AA-F | F | NO | 204000 | 09/26/2013 | | | | Medicare Supplement | | | 0.0 | | 304,585 | 260,630 | 85.6 | 136 |
| YES | AR-DM-AA-G | G | NO | 204000 | 09/26/2013 | | | | Medicare Supplement | | | 0.0 | | 205,920 | 134,983 | 65.6 | 107 |
| YES | AR-DM-AA-N | N | NO | 204000 | 09/26/2013 | | | | Medicare Supplement | | | 0.0 | | 171,968 | 160,430 | 93.3 | 106 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 96,341 | 92,852 | 96.4 | 40 | 1,594,464 | 1,364,171 | 85.6 | 787 |



**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **American Retirement Life Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

8 8 3 6 6 2 0 1 6 3 6 0 2 6 1 0 5 *

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Missouri

NAIC Group Code.....0901
NAIC Company Code.....88366
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-IA-F | F | NO | 34060 | 04/11/2013 | | | | Medicare Supplement | 83,288 | 50,636 | 60.8 | 35 | 784,470 | 645,410 | 82.3 | 357 |
| YES | AR-AM-IA-G | G | NO | 34060 | 04/11/2013 | | | | Medicare Supplement | 22,654 | 11,231 | 49.6 | 9 | 141,230 | 97,477 | 69.0 | 86 |
| YES | AR-AM-IA-N | N | NO | 34060 | 04/11/2013 | | | | Medicare Supplement | 19,274 | 12,354 | 64.1 | 10 | 244,625 | 118,490 | 48.4 | 134 |
| YES | AR-DM-IA-F | F | NO | 204060 | 06/12/2013 | | | | Medicare Supplement | 19,671 | 18,587 | 94.5 | 8 | 211,808 | 240,856 | 113.7 | 102 |
| YES | AR-DM-IA-G | G | NO | 204060 | 06/12/2013 | | | | Medicare Supplement | 15,576 | 16,462 | 105.7 | 7 | 174,694 | 98,102 | 56.2 | 99 |
| YES | AR-DM-IA-N | N | NO | 204060 | 06/12/2013 | | | | Medicare Supplement | 4,664 | 588 | 12.6 | 3 | 86,364 | 40,915 | 47.4 | 55 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 165,127 | 109,858 | 66.5 | 72 | 1,643,191 | 1,241,249 | 75.5 | 833 |

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**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **American Retirement Life Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Mississippi

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-AA-A | A | NO | 34060 | 01/22/2013 | | | | Medicare Supplement | 1,338 | 2,042 | 152.6 | 1 | 2,715 | 66 | 2.4 | |
| YES | AR-AM-AA-F | F | NO | 34060 | 01/22/2013 | | | | Medicare Supplement | 1,530,408 | 1,276,893 | 83.4 | 764 | 2,683,302 | 2,238,658 | 83.4 | 1,498 |
| YES | AR-AM-AA-G | G | NO | 34060 | 01/22/2013 | | | | Medicare Supplement | 166,792 | 124,653 | 74.7 | 96 | 419,911 | 294,728 | 70.2 | 295 |
| YES | AR-AM-AA-N | N | NO | 34060 | 01/22/2013 | | | | Medicare Supplement | 83,618 | 49,183 | 58.8 | 54 | 310,030 | 178,078 | 57.4 | 214 |
| YES | AR-DM-AA-A | A | NO | 204060 | 03/08/2013 | | | | Medicare Supplement | | | 0.0 | | | | 0.0 | |
| YES | AR-DM-AA-F | F | NO | 204060 | 03/08/2013 | | | | Medicare Supplement | 120,405 | 103,220 | 85.7 | 59 | 478,983 | 422,651 | 88.2 | 290 |
| YES | AR-DM-AA-G | G | NO | 204060 | 03/08/2013 | | | | Medicare Supplement | 14,307 | 17,798 | 124.4 | 9 | 168,559 | 130,641 | 77.5 | 127 |
| YES | AR-DM-AA-N | N | NO | 204060 | 03/08/2013 | | | | Medicare Supplement | 3,748 | 2,374 | 63.3 | 3 | 106,975 | 63,094 | 59.0 | 81 |
| YES | AR-XM-AA-F | F | NO | 30560 | 06/23/2015 | | | | Medicare Supplement | | | 0.0 | | 170,450 | 144,430 | 84.7 | 145 |
| YES | AR-XM-AA-G | G | NO | 30560 | 06/23/2015 | | | | Medicare Supplement | | | 0.0 | | 34,847 | 15,556 | 44.6 | 29 |
| YES | AR-XM-AAHF | F | NO | 30560 | 06/23/2015 | | | | Medicare Supplement | | | 0.0 | | 5,857 | 13,982 | 238.7 | 15 |
| YES | AR-XM-AA-N | N | NO | 30560 | 06/23/2015 | | | | Medicare Supplement | | | 0.0 | | 82,627 | 74,037 | 89.6 | 77 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 1,920,616 | 1,576,163 | 82.1 | 986 | 4,464,257 | 3,575,922 | 80.1 | 2,771 |



**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824

**GENERAL INTERROGATORIES**

4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **American Retirement Life Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Montana

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-AA-F | F | NO | 34060 | 01/25/2013 | | | | Medicare Supplement | 212,094 | 130,082 | 61.3 | 114 | 1,120,463 | 1,044,274 | 93.2 | 745 |
| YES | AR-AM-AA-G | G | NO | 34060 | 01/25/2013 | | | | Medicare Supplement | 31,925 | 25,199 | 78.9 | 19 | 421,182 | 362,620 | 86.1 | 339 |
| YES | AR-AM-AA-N | N | NO | 34060 | 01/25/2013 | | | | Medicare Supplement | 25,794 | 21,108 | 81.8 | 20 | 160,231 | 96,089 | 60.0 | 131 |
| YES | AR-DM-AA-F | F | NO | 204060 | 03/06/2013 | | | | Medicare Supplement | 10,884 | 12,610 | 115.9 | 6 | 207,602 | 142,212 | 68.5 | 137 |
| YES | AR-DM-AA-G | G | NO | 204060 | 03/06/2013 | | | | Medicare Supplement | 4,628 | 756 | 16.3 | 3 | 133,811 | 120,757 | 90.2 | 101 |
| YES | AR-DM-AA-N | N | NO | 204060 | 03/06/2013 | | | | Medicare Supplement | | | 0.0 | | 48,352 | 36,285 | 75.0 | 42 |
| YES | AR-XM-AA-F | F | NO | 30560 | 07/14/2015 | | | | Medicare Supplement | | | 0.0 | | 40,778 | 45,740 | 112.2 | 25 |
| YES | AR-XM-AA-G | G | NO | 30560 | 07/14/2015 | | | | Medicare Supplement | | | 0.0 | | 14,345 | 16,238 | 113.2 | 9 |
| YES | AR-XM-AAHF | H | NO | 30560 | 07/14/2015 | | | | Medicare Supplement | | | 0.0 | | 1,705 | 171 | 10.0 | 5 |
| YES | AR-XM-AA-N | N | NO | 30560 | 07/14/2015 | | | | Medicare Supplement | | | 0.0 | | 6,472 | 3,024 | 46.7 | 5 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 285,325 | 189,755 | 66.5 | 162 | 2,154,940 | 1,867,410 | 86.7 | 1,539 |



**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....North Carolina

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-AA-A | A | NO | 34060 | 03/08/2013 | | | | Medicare Supplement | | | 0.0 | | 1,872 | 742 | 39.6 | 1 |
| YES | AR-AM-AA-F | F | NO | 34060 | 03/08/2013 | | | | Medicare Supplement | 1,076,788 | 834,699 | 77.5 | 482 | 2,781,863 | 2,341,107 | 84.2 | 1,376 |
| YES | AR-AM-AA-G | G | NO | 34000 | 03/08/2013 | | | | Medicare Supplement | 157,580 | 112,939 | 71.7 | 80 | 940,352 | 649,996 | 69.1 | 608 |
| YES | AR-AM-AA-N | N | NO | 34000 | 03/08/2013 | | | | Medicare Supplement | 105,359 | 96,380 | 91.5 | 64 | 333,877 | 206,005 | 61.7 | 234 |
| YES | AR-DM-AA-A | A | NO | 204000 | 05/23/2013 | | | | Medicare Supplement | | | 0.0 | | | | 0.0 | |
| YES | AR-DM-AA-F | F | NO | 204060 | 05/23/2013 | | | | Medicare Supplement | 73,122 | 55,807 | 76.3 | 33 | 323,301 | 262,440 | 81.2 | 198 |
| YES | AR-DM-AA-G | G | NO | 204000 | 05/23/2013 | | | | Medicare Supplement | 23,534 | 14,099 | 59.9 | 14 | 154,524 | 90,794 | 58.8 | 158 |
| YES | AR-DM-AA-N | N | NO | 204000 | 05/23/2013 | | | | Medicare Supplement | 3,587 | 1,819 | 50.7 | 3 | 65,133 | 27,925 | 42.9 | 70 |
| YES | AR-XM-AA-F | F | NO | 30560 | 04/15/2015 | | | | Medicare Supplement | | | 0.0 | | 513,140 | 493,837 | 96.2 | 413 |
| YES | AR-XM-AA-G | G | NO | 30500 | 04/15/2015 | | | | Medicare Supplement | | | 0.0 | | 372,027 | 306,638 | 82.4 | 289 |
| YES | AR-XM-AAHF | F | NO | 30560 | 04/15/2015 | | | | Medicare Supplement | | | 0.0 | | 4,817 | 940 | 19.5 | 18 |
| YES | AR-XM-AA-N | N | NO | 30500 | 04/15/2015 | | | | Medicare Supplement | | | 0.0 | | 391,194 | 224,303 | 57.3 | 329 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 1,439,970 | 1,115,743 | 77.5 | 676 | 5,882,098 | 4,604,728 | 78.3 | 3,694 |



**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824

**GENERAL INTERROGATORIES**

4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **American Retirement Life Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....North Dakota

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-AA-F | F | NO | 34000 | 03/08/2013 | | | | Medicare Supplement | 330 | (21) | (6.4) | | 19,393 | 11,564 | 59.6 | 11 |
| YES | AR-AM-AA-G | G | NO | 34000 | 03/08/2013 | | | | Medicare Supplement | | | 0.0 | | 8,552 | 8,275 | 96.8 | 8 |
| YES | AR-AM-AA-N | N | NO | 34000 | 03/08/2013 | | | | Medicare Supplement | | | 0.0 | | 4,196 | 5,714 | 136.2 | 4 |
| YES | AR-XM-AA-F | F | NO | 30500 | 06/30/2015 | | | | Medicare Supplement | | | 0.0 | | 3,950 | 3,861 | 97.8 | 5 |
| YES | AR-XM-AA-G | G | NO | 30500 | 06/30/2015 | | | | Medicare Supplement | | | 0.0 | | 229 | 108 | 47.3 | 1 |
| YES | AR-XM-AA-N | N | NO | 30500 | 06/30/2015 | | | | Medicare Supplement | | | 0.0 | | | | 0.0 | |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 330 | (21) | (6.4) | 0 | 36,321 | 29,522 | 81.3 | 29 |

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**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **American Retirement Life Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Nebraska

NAIC Group Code.....0901
NAIC Company Code.....88366
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-AA-F | F | NO | 34000 | 03/05/2013 | | | | Medicare Supplement | 341,226 | 296,787 | 87.0 | 171 | 941,794 | 852,072 | 90.5 | 552 |
| YES | AR-AM-AA-G | G | NO | 34000 | 03/05/2013 | | | | Medicare Supplement | 20,131 | 43,944 | 218.3 | 11 | 404,906 | 344,785 | 85.2 | 676 |
| YES | AR-AM-AA-N | N | NO | 34000 | 03/05/2013 | | | | Medicare Supplement | 6,562 | 5,118 | 78.0 | 5 | 76,546 | 51,368 | 67.1 | 55 |
| YES | AR-DM-AA-F | F | NO | 204000 | 04/18/2013 | | | | Medicare Supplement | 17,072 | 17,220 | 100.9 | 9 | 148,667 | 122,083 | 82.1 | 90 |
| YES | AR-DM-AA-G | G | NO | 204000 | 04/18/2013 | | | | Medicare Supplement | | | 0.0 | | 69,123 | 60,840 | 88.0 | 104 |
| YES | AR-DM-AA-N | N | NO | 204000 | 04/18/2013 | | | | Medicare Supplement | 2,014 | 15,588 | 774.0 | 1 | 16,231 | 12,070 | 74.4 | 14 |
| YES | AR-XM-AA-F | F | NO | 30500 | 06/11/2015 | | | | Medicare Supplement | | | 0.0 | | 103,092 | 90,776 | 88.1 | 79 |
| YES | AR-XM-AA-G | G | NO | 30500 | 06/11/2015 | | | | Medicare Supplement | | | 0.0 | | 27,652 | 22,192 | 80.3 | 25 |
| YES | AR-XM-AAHF | F | NO | 30500 | 06/11/2015 | | | | Medicare Supplement | | | 0.0 | | 3,775 | 6,061 | 160.6 | 7 |
| YES | AR-XM-AA-N | N | NO | 30500 | 06/11/2015 | | | | Medicare Supplement | | | 0.0 | | 44,293 | 30,406 | 68.6 | 43 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 387,005 | 378,657 | 97.8 | 197 | 1,836,078 | 1,592,653 | 86.7 | 1,645 |



**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **American Retirement Life Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....New Hampshire

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-IA-A | A | NO | 34060 | .09/20/2013 | | | | Medicare Supplement | | | 0.0 | | | | 0.0 | |
| YES | AR-AM-IA-F | F | NO | 34060 | .09/20/2013 | | | | Medicare Supplement | 6 | (43) | (716.7) | | 162,973 | 94,803 | 58.2 | 67 |
| YES | AR-AM-IA-G | G | NO | 34060 | .09/20/2013 | | | | Medicare Supplement | | | 0.0 | | 171,914 | 114,362 | 66.5 | 97 |
| YES | AR-AM-IA-N | N | NO | 34060 | .09/20/2013 | | | | Medicare Supplement | | | 0.0 | | 90,821 | 42,132 | 46.4 | 64 |
| YES | AR-DM-IA-A | A | NO | 204060 | .12/04/2013 | | | | Medicare Supplement | | | 0.0 | | | | 0.0 | |
| YES | AR-DM-IA-F | F | NO | 204060 | .12/04/2013 | | | | Medicare Supplement | | | 0.0 | | 174,268 | 103,678 | 59.5 | 76 |
| YES | AR-DM-IA-G | G | NO | 204060 | .12/04/2013 | | | | Medicare Supplement | | | 0.0 | | 128,568 | 52,224 | 40.6 | 77 |
| YES | AR-DM-IA-N | N | NO | 204060 | .12/04/2013 | | | | Medicare Supplement | | | 0.0 | | 92,691 | 71,503 | 77.1 | 68 |
| YES | AR-XM-IA-F | F | NO | 30500 | .11/24/2015 | | | | Medicare Supplement | | | 0.0 | | 3,543 | 1,193 | 33.7 | 4 |
| YES | AR-XM-IA-G | G | NO | 30500 | .11/24/2015 | | | | Medicare Supplement | | | 0.0 | | | | 0.0 | |
| YES | AR-XM-IAHF | F | NO | 30500 | .11/24/2015 | | | | Medicare Supplement | | | 0.0 | | 137 | 132 | 96.1 | 1 |
| YES | AR-XM-IA-N | N | NO | 30500 | .11/24/2015 | | | | Medicare Supplement | | | 0.0 | | 1,330 | 1,011 | 76.0 | 6 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 6 | (43) | (716.7) | 0 | 826,244 | 481,039 | 58.2 | 460 |

360

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824

**GENERAL INTERROGATORIES**

4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **American Retirement Life Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....New Mexico

NAIC Group Code.....0901
NAIC Company Code.....88366
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-AA-F | F | NO | 34000 | 01/02/2013 | | | | Medicare Supplement | 145,485 | 90,186 | 62.0 | 84 | 347,870 | 290,910 | 83.6 | 220 |
| YES | AR-AM-AA-G | G | NO | 34000 | 01/02/2013 | | | | Medicare Supplement | 48,923 | 43,020 | 87.9 | 37 | 191,275 | 108,751 | 56.9 | 226 |
| YES | AR-AM-AA-N | N | NO | 34000 | 01/02/2013 | | | | Medicare Supplement | 11,467 | 4,227 | 36.9 | 10 | 44,398 | 41,382 | 93.2 | 41 |
| YES | AR-DM-AA-F | F | NO | 204000 | 02/21/2013 | | | | Medicare Supplement | 14,607 | 6,259 | 42.8 | 8 | 226,532 | 181,319 | 80.0 | 142 |
| YES | AR-DM-AA-G | G | NO | 204000 | 02/21/2013 | | | | Medicare Supplement | 2,077 | 1,463 | 70.4 | 4 | 95,764 | 66,932 | 69.9 | 109 |
| YES | AR-DM-AA-N | N | NO | 204000 | 02/21/2013 | | | | Medicare Supplement | 3,164 | 490 | 15.5 | 3 | 58,374 | 33,745 | 57.8 | 51 |
| YES | AR-XM-AA-F | F | NO | 30500 | 06/03/2015 | | | | Medicare Supplement | | | 0.0 | | 104,305 | 66,635 | 63.9 | 74 |
| YES | AR-XM-AA-G | G | NO | 30500 | 06/03/2015 | | | | Medicare Supplement | | | 0.0 | | 15,878 | 15,149 | 95.4 | 13 |
| YES | AR-XM-AAHF | F | NO | 30500 | 06/03/2015 | | | | Medicare Supplement | | | 0.0 | | 298 | 138 | 46.2 | 3 |
| YES | AR-XM-AA-N | N | NO | 30500 | 06/03/2015 | | | | Medicare Supplement | | | 0.0 | | 7,992 | 5,668 | 70.9 | 12 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 225,723 | 145,645 | 64.5 | 146 | 1,092,686 | 810,630 | 74.2 | 891 |



**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Nevada

NAIC Group Code.....0901
NAIC Company Code.....88366
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-AA-F | F | NO | 34000 | 01/29/2013 | | | | Medicare Supplement | 983,286 | 1,675,915 | 170.4 | 423 | 3,728,093 | 2,903,916 | 77.9 | 1,902 |
| YES | AR-AM-AA-G | G | NO | 34000 | 01/29/2013 | | | | Medicare Supplement | 107,361 | 99,636 | 92.8 | 59 | 1,496,813 | 1,155,448 | 77.2 | 1,370 |
| YES | AR-AM-AA-N | N | NO | 34000 | 01/29/2013 | | | | Medicare Supplement | 209,962 | 83,054 | 39.6 | 141 | 604,139 | 363,871 | 60.2 | 465 |
| YES | AR-DM-AA-F | F | NO | 204000 | 03/01/2013 | | | | Medicare Supplement | 24,793 | 9,935 | 40.1 | 12 | 343,345 | 270,256 | 78.7 | 172 |
| YES | AR-DM-AA-G | G | NO | 204000 | 03/01/2013 | | | | Medicare Supplement | 13,812 | 11,300 | 81.8 | 7 | 257,070 | 196,757 | 76.5 | 204 |
| YES | AR-DM-AA-N | N | NO | 204000 | 03/01/2013 | | | | Medicare Supplement | | | 0.0 | | 100,273 | 59,192 | 59.0 | 79 |
| YES | AR-XM-AA-F | F | NO | 30500 | 09/17/2015 | | | | Medicare Supplement | | | 0.0 | | 243,017 | 219,743 | 90.4 | 147 |
| YES | AR-XM-AA-G | G | NO | 30500 | 09/17/2015 | | | | Medicare Supplement | | | 0.0 | | 93,559 | 75,910 | 81.1 | 68 |
| YES | AR-XM-AAHF | F | NO | 30500 | 09/17/2015 | | | | Medicare Supplement | | | 0.0 | | 6,995 | 8,336 | 119.2 | 16 |
| YES | AR-XM-AA-N | N | NO | 30500 | 09/17/2015 | | | | Medicare Supplement | | | 0.0 | | 81,925 | 52,880 | 64.5 | 72 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 1,339,214 | 1,879,840 | 140.4 | 642 | 6,955,227 | 5,306,309 | 76.3 | 4,495 |



**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Ohio

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-AA-A | A | NO | 34000 | 03/12/2013 | | | | Medicare Supplement | | | 0.0 | | 1,864 | 110 | 5.9 | 1 |
| YES | AR-AM-AA-C | C | NO | 34000 | 03/12/2013 | | | | Medicare Supplement | 58,109 | 34,395 | 59.2 | 24 | 161,523 | 138,020 | 85.4 | 75 |
| YES | AR-AM-AA-F | F | NO | 34000 | 03/12/2013 | | | | Medicare Supplement | 863,903 | 515,190 | 59.6 | 371 | 2,320,053 | 1,759,223 | 75.8 | 1,123 |
| YES | AR-AM-AA-G | G | NO | 34000 | 03/12/2013 | | | | Medicare Supplement | 748,658 | 537,728 | 71.8 | 381 | 2,810,563 | 2,330,372 | 82.9 | 1,719 |
| YES | AR-AM-AA-N | N | NO | 34000 | 03/12/2013 | | | | Medicare Supplement | 191,262 | 102,553 | 53.6 | 121 | 1,044,475 | 585,892 | 56.1 | 734 |
| YES | AR-DM-AA-C | C | NO | 204000 | 06/13/2013 | | | | Medicare Supplement | | | 0.0 | | 7 | (212) | (3,110.0) | |
| YES | AR-DM-AA-F | F | NO | 204000 | 06/13/2013 | | | | Medicare Supplement | | | 0.0 | | 215,305 | 223,480 | 103.8 | 106 |
| YES | AR-DM-AA-G | G | NO | 204000 | 06/13/2013 | | | | Medicare Supplement | | | 0.0 | | 274,714 | 209,159 | 76.1 | 182 |
| YES | AR-DM-AA-N | N | NO | 204000 | 06/13/2013 | | | | Medicare Supplement | | | 0.0 | | 134,581 | 120,624 | 89.6 | 95 |
| YES | AR-XM-AA-A | A | NO | 30500 | 06/05/2015 | | | | Medicare Supplement | | | 0.0 | | | | 0.0 | |
| YES | AR-XM-AA-F | F | NO | 30500 | 06/05/2015 | | | | Medicare Supplement | | | 0.0 | | 2,105,573 | 1,851,347 | 87.9 | 1,055 |
| YES | AR-XM-AA-G | G | NO | 30500 | 06/05/2015 | | | | Medicare Supplement | | | 0.0 | | 761,275 | 569,876 | 74.9 | 429 |
| YES | AR-XM-AAHF | H | NO | 30500 | 06/05/2015 | | | | Medicare Supplement | | | 0.0 | | 69,021 | 35,365 | 51.2 | 103 |
| YES | AR-XM-AA-N | N | NO | 30500 | 06/05/2015 | | | | Medicare Supplement | | | 0.0 | | 799,996 | 641,737 | 80.2 | 622 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 1,861,932 | 1,189,866 | 63.9 | 897 | 10,698,949 | 8,464,992 | 79.1 | 6,244 |



**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824

**GENERAL INTERROGATORIES**

4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **American Retirement Life Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

8 8 3 6 6 2 0 1 6 3 6 0 3 7 1 0 5 *

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Oklahoma

NAIC Group Code.....0901
NAIC Company Code.....88366
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-AA-A | A | NO | 34060 | 01/07/2013 | | | | Medicare Supplement | | | 0.0 | | 7,920 | 11,021 | 139.1 | 3 |
| YES | AR-AM-AA-F | F | NO | 34000 | 01/07/2013 | | | | Medicare Supplement | 1,851,800 | 1,342,150 | 72.5 | 880 | 3,337,870 | 2,785,575 | 83.5 | 1,918 |
| YES | AR-AM-AA-G | G | NO | 34000 | 01/07/2013 | | | | Medicare Supplement | 219,591 | 199,444 | 90.8 | 132 | 569,666 | 446,807 | 78.4 | 423 |
| YES | AR-AM-AA-N | N | NO | 34000 | 01/07/2013 | | | | Medicare Supplement | 145,214 | 125,663 | 86.5 | 101 | 292,646 | 171,972 | 58.8 | 237 |
| YES | AR-DM-AA-A | A | NO | 204060 | 01/29/2013 | | | | Medicare Supplement | | | 0.0 | | 1,757 | 823 | 46.8 | 1 |
| YES | AR-DM-AA-F | F | NO | 204000 | 01/29/2013 | | | | Medicare Supplement | 88,435 | 75,200 | 85.0 | 45 | 491,595 | 497,519 | 101.2 | 313 |
| YES | AR-DM-AA-G | G | NO | 204000 | 01/29/2013 | | | | Medicare Supplement | 14,956 | 5,201 | 34.8 | 10 | 188,476 | 142,102 | 75.4 | 162 |
| YES | AR-DM-AA-N | N | NO | 204000 | 01/29/2013 | | | | Medicare Supplement | 4,098 | 332 | 8.1 | 2 | 119,395 | 91,980 | 77.0 | 106 |
| YES | AR-XM-AA-F | F | NO | 30500 | 05/18/2015 | | | | Medicare Supplement | | | 0.0 | | 107,577 | 116,604 | 108.4 | 98 |
| YES | AR-XM-AA-G | G | NO | 30500 | 05/18/2015 | | | | Medicare Supplement | | | 0.0 | | 36,574 | 28,937 | 79.1 | 36 |
| YES | AR-XM-AAHF | F | NO | 30500 | 05/18/2015 | | | | Medicare Supplement | | | 0.0 | | 364 | 173 | 47.6 | 3 |
| YES | AR-XM-AA-N | N | NO | 30500 | 05/18/2015 | | | | Medicare Supplement | | | 0.0 | | 26,861 | 16,359 | 60.9 | 30 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 2,324,094 | 1,747,990 | 75.2 | 1,170 | 5,180,702 | 4,309,874 | 83.2 | 3,330 |



**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824

**GENERAL INTERROGATORIES**

4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **American Retirement Life Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Pennsylvania

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-AA-B | B | NO | 34060 | 03/22/2013 | | | | Medicare Supplement | 8,200 | 2,042 | 24.9 | 4 | 26,317 | 22,983 | 87.3 | 13 |
| YES | AR-AM-AA-F | F | NO | 34060 | 03/22/2013 | | | | Medicare Supplement | 4,743,847 | 3,638,222 | 76.7 | 2,001 | 13,160,836 | 9,756,331 | 74.1 | 6,038 |
| YES | AR-AM-AA-G | G | NO | 34060 | 03/22/2013 | | | | Medicare Supplement | 1,846,104 | 1,264,540 | 68.5 | 919 | 5,908,639 | 4,255,902 | 72.0 | 3,374 |
| YES | AR-AM-AA-N | N | NO | 34060 | 03/22/2013 | | | | Medicare Supplement | 1,059,015 | 640,642 | 60.5 | 631 | 3,297,788 | 2,169,234 | 65.8 | 2,289 |
| YES | AR-DM-AA-F | F | NO | 204060 | 04/30/2013 | | | | Medicare Supplement | 112,898 | 67,281 | 59.6 | 46 | 1,082,361 | 1,040,908 | 96.2 | 520 |
| YES | AR-DM-AA-G | G | NO | 204060 | 04/30/2013 | | | | Medicare Supplement | 29,875 | 12,507 | 41.9 | 16 | 928,180 | 601,768 | 64.8 | 570 |
| YES | AR-DM-AA-N | N | NO | 204060 | 04/30/2013 | | | | Medicare Supplement | 20,526 | 4,146 | 20.2 | 12 | 661,162 | 356,124 | 53.9 | 486 |
| YES | AR-XM-AA-B | B | NO | 30560 | 06/19/2015 | | | | Medicare Supplement | | | 0.0 | | 4,338 | 1,696 | 39.1 | 2 |
| YES | AR-XM-AA-F | F | NO | 30560 | 06/19/2015 | | | | Medicare Supplement | | | 0.0 | | 521,083 | 398,117 | 76.4 | 227 |
| YES | AR-XM-AA-G | G | NO | 30560 | 06/19/2015 | | | | Medicare Supplement | | | 0.0 | | 297,222 | 199,803 | 67.2 | 169 |
| YES | AR-XM-AAHF | H | NO | 30560 | 06/19/2015 | | | | Medicare Supplement | | | 0.0 | | 75,259 | 45,049 | 59.9 | 83 |
| YES | AR-XM-AA-N | N | NO | 30560 | 06/19/2015 | | | | Medicare Supplement | | | 0.0 | | 578,384 | 364,649 | 63.0 | 371 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 7,820,465 | 5,629,380 | 72.0 | 3,629 | 26,541,569 | 19,212,564 | 72.4 | 14,142 |



**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824

**GENERAL INTERROGATORIES**

4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **American Retirement Life Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Rhode Island

NAIC Group Code.....0901
NAIC Company Code.....88366
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-AA-F | F | NO | 34000 | 02/21/2013 | | | | Medicare Supplement | 4,135 | 1,610 | 38.9 | 2 | 47,368 | 36,160 | 76.3 | 26 |
| YES | AR-AM-AA-G | G | NO | 34000 | 02/21/2013 | | | | Medicare Supplement | 1,872 | 63 | 3.4 | 1 | 35,745 | 33,340 | 93.3 | 31 |
| YES | AR-AM-AA-N | N | NO | 34000 | 02/21/2013 | | | | Medicare Supplement | | | 0.0 | | 17,339 | 7,192 | 41.5 | 17 |
| YES | AR-DM-AA-F | F | NO | 204000 | 04/11/2013 | | | | Medicare Supplement | 11,124 | 11,957 | 107.5 | 5 | 13,933 | 7,374 | 52.9 | 6 |
| YES | AR-DM-AA-G | G | NO | 204000 | 04/11/2013 | | | | Medicare Supplement | 6,620 | 2,440 | 36.9 | 3 | 23,436 | 63,545 | 271.1 | 15 |
| YES | AR-DM-AA-N | N | NO | 204000 | 04/11/2013 | | | | Medicare Supplement | 6,196 | 5,784 | 93.4 | 4 | 17,285 | 11,801 | 68.3 | 12 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 29,947 | 21,854 | 73.0 | 15 | 155,106 | 159,412 | 102.8 | 107 |

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**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....South Carolina

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-AA-F | F | NO | 34000 | 01/29/2013 | | | | Medicare Supplement | 1,565,468 | 1,117,307 | 71.4 | 789 | 5,443,313 | 4,414,975 | 81.1 | 3,162 |
| YES | AR-AM-AA-G | G | NO | 34000 | 01/29/2013 | | | | Medicare Supplement | 615,603 | 474,885 | 77.1 | 359 | 2,386,957 | 1,809,024 | 75.8 | 1,656 |
| YES | AR-AM-AA-N | N | NO | 34000 | 01/29/2013 | | | | Medicare Supplement | 113,711 | 76,216 | 67.0 | 81 | 532,573 | 414,930 | 77.9 | 466 |
| YES | AR-DM-AA-F | F | NO | 204000 | 03/29/2013 | | | | Medicare Supplement | 90,883 | 55,256 | 60.8 | 42 | 773,540 | 644,735 | 83.3 | 457 |
| YES | AR-DM-AA-G | G | NO | 204000 | 03/29/2013 | | | | Medicare Supplement | 55,746 | 19,211 | 34.5 | 33 | 508,591 | 380,197 | 74.8 | 363 |
| YES | AR-DM-AA-N | N | NO | 204000 | 03/29/2013 | | | | Medicare Supplement | 6,466 | 295 | 4.6 | 4 | 162,293 | 126,861 | 78.2 | 141 |
| YES | AR-XM-AA-A | A | NO | 30560 | 04/20/2015 | | | | Medicare Supplement | | | 0.0 | | 1,436 | 618 | 43.0 | 1 |
| YES | AR-XM-AA-F | F | NO | 30560 | 04/20/2015 | | | | Medicare Supplement | | | 0.0 | | 793,941 | 682,695 | 86.0 | 503 |
| YES | AR-XM-AA-G | G | NO | 30560 | 04/20/2015 | | | | Medicare Supplement | | | 0.0 | | 326,192 | 264,314 | 81.0 | 236 |
| YES | AR-XM-AAHF | H | NO | 30560 | 04/20/2015 | | | | Medicare Supplement | | | 0.0 | | 41,033 | 21,500 | 52.4 | 66 |
| YES | AR-XM-AA-N | N | NO | 30560 | 04/20/2015 | | | | Medicare Supplement | | | 0.0 | | 325,447 | 261,596 | 80.4 | 268 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 2,447,877 | 1,743,170 | 71.2 | 1,308 | 11,295,316 | 9,021,446 | 79.9 | 7,319 |



**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **American Retirement Life Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....South Dakota

NAIC Group Code.....0901
NAIC Company Code.....88366
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-AA-F | F | NO | 34060 | 12/27/2012 | | | | Medicare Supplement | 64,381 | 52,964 | 82.3 | 30 | 238,651 | 221,286 | 92.7 | 126 |
| YES | AR-AM-AA-G | G | NO | 34060 | 12/27/2012 | | | | Medicare Supplement | 9,455 | 11,024 | 116.6 | 4 | 42,642 | 37,295 | 87.5 | 33 |
| YES | AR-AM-AA-N | N | NO | 34060 | 12/27/2012 | | | | Medicare Supplement | 2,849 | 9,158 | 321.4 | 1 | 12,338 | 9,772 | 79.2 | 9 |
| YES | AR-DM-AA-F | F | NO | 204060 | 01/24/2013 | | | | Medicare Supplement | 4,864 | 4,948 | 101.7 | 2 | 38,616 | 29,423 | 76.2 | 25 |
| YES | AR-DM-AA-G | G | NO | 204060 | 01/24/2013 | | | | Medicare Supplement | | | 0.0 | | 17,822 | 14,686 | 82.4 | 13 |
| YES | AR-DM-AA-N | N | NO | 204060 | 01/24/2013 | | | | Medicare Supplement | | | 0.0 | | 8,873 | 1,785 | 20.1 | 10 |
| YES | AR-XM-AA-F | F | NO | 30560 | 04/16/2015 | | | | Medicare Supplement | | | 0.0 | | 8,644 | 5,201 | 60.2 | 9 |
| YES | AR-XM-AA-G | G | NO | 30560 | 04/16/2015 | | | | Medicare Supplement | | | 0.0 | | 8,190 | 3,361 | 41.0 | 8 |
| YES | AR-XM-AAHF | F | NO | 30560 | 04/16/2015 | | | | Medicare Supplement | | | 0.0 | | 1,206 | 194 | 16.1 | 4 |
| YES | AR-XM-AA-N | N | NO | 30560 | 04/16/2015 | | | | Medicare Supplement | | | 0.0 | | 8,104 | 6,372 | 78.6 | 5 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 81,549 | 78,094 | 95.8 | 37 | 385,087 | 329,375 | 85.5 | 242 |



**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **American Retirement Life Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Tennessee

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-AA-A | A | NO | 34060 | 03/21/2013 | | | | Medicare Supplement | 10,695 | 18,564 | 173.6 | 2 | 30,841 | 51,148 | 165.8 | 5 |
| YES | AR-AM-AA-F | F | NO | 34060 | 03/21/2013 | | | | Medicare Supplement | 408,249 | 286,759 | 70.2 | 194 | 1,794,130 | 1,210,815 | 67.5 | 951 |
| YES | AR-AM-AA-G | G | NO | 34060 | 03/21/2013 | | | | Medicare Supplement | 69,690 | 48,727 | 69.9 | 40 | 759,025 | 521,276 | 68.7 | 907 |
| YES | AR-AM-AA-N | N | NO | 34060 | 03/21/2013 | | | | Medicare Supplement | 25,394 | 11,972 | 47.1 | 16 | 174,148 | 149,384 | 85.8 | 105 |
| YES | AR-DM-AA-F | F | NO | 204060 | 04/11/2013 | | | | Medicare Supplement | 80,381 | 45,561 | 56.7 | 35 | 715,343 | 590,240 | 82.5 | 383 |
| YES | AR-DM-AA-G | G | NO | 204060 | 04/11/2013 | | | | Medicare Supplement | 21,707 | 9,653 | 44.5 | 14 | 454,739 | 387,218 | 85.2 | 423 |
| YES | AR-DM-AA-N | N | NO | 204060 | 04/11/2013 | | | | Medicare Supplement | 7,431 | 10,119 | 136.2 | 5 | 188,075 | 154,131 | 82.0 | 145 |
| YES | AR-XM-AA-F | F | NO | 30560 | 11/02/2015 | | | | Medicare Supplement | | | 0.0 | | 82,832 | 83,914 | 101.3 | 157 |
| YES | AR-XM-AA-G | G | NO | 30560 | 11/02/2015 | | | | Medicare Supplement | | | 0.0 | | 27,582 | 15,789 | 57.2 | 62 |
| YES | AR-XM-AAHF | F | NO | 30560 | 11/02/2015 | | | | Medicare Supplement | | | 0.0 | | 348 | 290 | 83.4 | 6 |
| YES | AR-XM-AA-N | N | NO | 30560 | 11/02/2015 | | | | Medicare Supplement | | | 0.0 | | 7,763 | 5,362 | 69.1 | 34 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 623,547 | 431,355 | 69.2 | 306 | 4,234,825 | 3,169,568 | 74.8 | 3,178 |



**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Texas

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-AA-A | A | NO | 34060 | 03/08/2013 | | | | Medicare Supplement | 23,134 | 24,183 | 104.5 | 4 | 1,256,476 | 2,221,067 | 176.8 | 281 |
| YES | AR-AM-AA-F | F | NO | 34000 | 03/08/2013 | | | | Medicare Supplement | 4,437,210 | 3,614,033 | 81.4 | 2,108 | 10,762,742 | 8,944,985 | 83.1 | 5,925 |
| YES | AR-AM-AA-G | G | NO | 34000 | 03/08/2013 | | | | Medicare Supplement | 935,754 | 692,607 | 74.0 | 504 | 2,671,468 | 1,999,111 | 74.8 | 1,641 |
| YES | AR-AM-AA-N | N | NO | 34000 | 03/08/2013 | | | | Medicare Supplement | 270,534 | 237,916 | 87.9 | 171 | 810,660 | 664,465 | 82.0 | 561 |
| YES | AR-DM-AA-A | A | NO | 204060 | 04/08/2013 | | | | Medicare Supplement | | | 0.0 | | 229,462 | 370,165 | 161.3 | 40 |
| YES | AR-DM-AA-F | F | NO | 204000 | 04/08/2013 | | | | Medicare Supplement | 174,108 | 134,931 | 77.5 | 87 | 1,964,143 | 1,865,937 | 95.0 | 1,042 |
| YES | AR-DM-AA-G | G | NO | 204000 | 04/08/2013 | | | | Medicare Supplement | 60,463 | 25,493 | 42.2 | 31 | 1,272,641 | 951,351 | 74.8 | 805 |
| YES | AR-DM-AA-N | N | NO | 204000 | 04/08/2013 | | | | Medicare Supplement | 18,193 | 5,056 | 27.8 | 11 | 573,387 | 404,236 | 70.5 | 403 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 5,919,396 | 4,734,219 | 80.0 | 2,916 | 19,540,978 | 17,421,318 | 89.2 | 10,698 |

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**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **American Retirement Life Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Utah

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-AA-F | F | NO | 34000 | .01/17/2013 | | | | Medicare Supplement | 133,295 | 112,628 | 84.5 | 69 | 619,903 | 566,267 | 91.3 | 332 |
| YES | AR-AM-AA-G | G | NO | 34000 | .01/17/2013 | | | | Medicare Supplement | 25,358 | 18,757 | 74.0 | 15 | 367,386 | 248,562 | 67.7 | 276 |
| YES | AR-AM-AA-N | N | NO | 34000 | .01/17/2013 | | | | Medicare Supplement | 8,843 | 4,423 | 50.0 | 6 | 134,171 | 58,808 | 43.8 | 124 |
| YES | AR-DM-AA-F | F | NO | 204000 | .04/11/2013 | | | | Medicare Supplement | 3,174 | 2,575 | 81.1 | 2 | 74,084 | 68,914 | 93.0 | 41 |
| YES | AR-DM-AA-G | G | NO | 204000 | .04/11/2013 | | | | Medicare Supplement | 1,336 | (129) | (9.7) | 1 | 69,935 | 43,025 | 61.5 | 53 |
| YES | AR-DM-AA-N | N | NO | 204000 | .04/11/2013 | | | | Medicare Supplement | | | 0.0 | | 14,069 | 3,904 | 27.7 | 12 |
| YES | AR-XM-AA-F | F | NO | 30500 | .04/24/2015 | | | | Medicare Supplement | | | 0.0 | | 12,405 | 8,459 | 68.2 | 18 |
| YES | AR-XM-AA-G | G | NO | 30500 | .04/24/2015 | | | | Medicare Supplement | | | 0.0 | | 3,298 | 839 | 25.4 | 3 |
| YES | AR-XM-AAHF | F | NO | 30500 | .04/24/2015 | | | | Medicare Supplement | | | 0.0 | | 3,106 | 320 | 10.3 | 6 |
| YES | AR-XM-AA-N | N | NO | 30500 | .04/24/2015 | | | | Medicare Supplement | | | 0.0 | | 13,554 | 9,428 | 69.6 | 15 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 172,006 | 138,254 | 80.4 | 93 | 1,311,910 | 1,008,525 | 76.9 | 880 |



**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **American Retirement Life Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Virginia

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-AA-A | A | NO | 34060 | 10/26/2013 | | | | Medicare Supplement | | | 0.0 | | 1,473 | 434 | 29.5 | 1 |
| YES | AR-AM-AA-F | F | NO | 34060 | 10/26/2013 | | | | Medicare Supplement | 14,704 | 13,310 | 90.5 | 8 | 12,895,958 | 10,634,001 | 82.5 | 8,953 |
| YES | AR-AM-AA-G | G | NO | 34060 | 10/26/2013 | | | | Medicare Supplement | 1,560 | 209 | 13.4 | 1 | 1,857,306 | 1,512,657 | 81.4 | 2,385 |
| YES | AR-AM-AA-N | N | NO | 34060 | 10/26/2013 | | | | Medicare Supplement | | | 0.0 | | 839,204 | 582,399 | 69.4 | 1,044 |
| YES | AR-XM-AA-F | F | NO | 30560 | 12/31/2015 | | | | Medicare Supplement | | | 0.0 | | 37,070 | 35,094 | 94.7 | 102 |
| YES | AR-XM-AA-G | G | NO | 30560 | 12/31/2015 | | | | Medicare Supplement | | | 0.0 | | 7,656 | 4,446 | 58.1 | 27 |
| YES | AR-XM-AAHF | F | NO | 30560 | 12/31/2015 | | | | Medicare Supplement | | | 0.0 | | 601 | 173 | 28.9 | 4 |
| YES | AR-XM-AA-N | N | NO | 30560 | 12/31/2015 | | | | Medicare Supplement | | | 0.0 | | 7,451 | 3,831 | 51.4 | 25 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 16,264 | 13,519 | 83.1 | 9 | 15,646,718 | 12,773,036 | 81.6 | 12,541 |



**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Wisconsin

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| .....YES..... | AR-BASCDWI..... | I..... | .....NO..... | ....34060..... | .06/05/2013 | ..... | ..... | ..... | Medicare Supplement..... | .....3,243 | .....5,260 | .....162.2 | .....2 | .....196,096 | .....110,161 | .....56.2 | .....121 |
| .....YES..... | AR-BASC-WI..... | O..... | .....NO..... | ....34060..... | .06/05/2013 | ..... | ..... | ..... | Medicare Supplement..... | .....713,310 | .....567,731 | .....79.6 | .....332 | .....5,282,792 | .....4,241,745 | .....80.3 | .....2,726 |
| .....YES..... | AR-BASCWIX..... | I..... | .....NO..... | ....30560..... | .03/18/2015 | ..... | ..... | ..... | Medicare Supplement..... | ..... | ..... | .....0.0 | ..... | .....1,214,036 | .....800,957 | .....66.0 | .....798 |
| 0199999. | Total Policy Experience on Individual Policies..... | | | | | | | | | .....716,553 | .....572,991 | .....80.0 | .....334 | .....6,692,924 | .....5,152,863 | .....77.0 | .....3,645 |



**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **American Retirement Life Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....West Virginia

NAIC Group Code.....0901
NAIC Company Code.....88366
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-AA-F | F | NO | 34000 | 01/24/2013 | | | | Medicare Supplement | 479,276 | 471,717 | 98.4 | 239 | 1,704,460 | 1,512,256 | 88.7 | 962 |
| YES | AR-AM-AA-G | G | NO | 34000 | 01/24/2013 | | | | Medicare Supplement | 29,445 | 34,513 | 117.2 | 17 | 265,268 | 186,420 | 70.3 | 255 |
| YES | AR-AM-AA-N | N | NO | 34000 | 01/24/2013 | | | | Medicare Supplement | 44,453 | 33,982 | 76.4 | 38 | 131,475 | 95,040 | 72.3 | 110 |
| YES | AR-DM-AA-F | F | NO | 204000 | 02/27/2013 | | | | Medicare Supplement | 73,338 | 48,335 | 65.9 | 35 | 401,586 | 765,060 | 190.5 | 237 |
| YES | AR-DM-AA-G | G | NO | 204000 | 02/27/2013 | | | | Medicare Supplement | 8,097 | 5,745 | 71.0 | 5 | 166,537 | 148,460 | 89.1 | 158 |
| YES | AR-DM-AA-N | N | NO | 204000 | 02/27/2013 | | | | Medicare Supplement | 7,743 | 3,810 | 49.2 | 5 | 88,059 | 50,266 | 57.1 | 72 |
| YES | AR-XM-AA-F | F | NO | 30500 | 05/19/2015 | | | | Medicare Supplement | | | 0.0 | | 218,163 | 202,705 | 92.9 | 127 |
| YES | AR-XM-AA-G | G | NO | 30500 | 05/19/2015 | | | | Medicare Supplement | | | 0.0 | | 75,079 | 62,164 | 82.8 | 51 |
| YES | AR-XM-AAHF | F | NO | 30500 | 05/19/2015 | | | | Medicare Supplement | | | 0.0 | | 12,124 | 3,791 | 31.3 | 18 |
| YES | AR-XM-AA-N | N | NO | 30500 | 05/19/2015 | | | | Medicare Supplement | | | 0.0 | | 154,083 | 116,019 | 75.3 | 115 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 642,352 | 598,102 | 93.1 | 339 | 3,216,833 | 3,142,182 | 97.7 | 2,105 |



**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **American Retirement Life Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Wyoming

NAIC Group Code.....0901
NAIC Company Code.....88366
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | AR-AM-AA-F | F | NO | 34000 | .04/11/2013 | | | | Medicare Supplement | 221,836 | 148,658 | 67.0 | 118 | 1,226,346 | 1,121,771 | 91.5 | 839 |
| YES | AR-AM-AA-G | G | NO | 34000 | .04/11/2013 | | | | Medicare Supplement | 17,342 | 3,771 | 21.7 | 11 | 346,900 | 277,979 | 80.1 | 571 |
| YES | AR-AM-AA-N | N | NO | 34000 | .04/11/2013 | | | | Medicare Supplement | 9,387 | 5,326 | 56.7 | 7 | 84,169 | 41,535 | 49.3 | 77 |
| YES | AR-DM-AA-F | F | NO | 204000 | .08/09/2013 | | | | Medicare Supplement | | | 0.0 | | 385,150 | 356,097 | 92.5 | 254 |
| YES | AR-DM-AA-G | G | NO | 204000 | .08/09/2013 | | | | Medicare Supplement | | | 0.0 | | 173,880 | 153,598 | 88.3 | 187 |
| YES | AR-DM-AA-N | N | NO | 204000 | .08/09/2013 | | | | Medicare Supplement | | | 0.0 | | 53,653 | 53,232 | 99.2 | 47 |
| YES | AR-XM-AA-F | F | NO | 30500 | .06/26/2015 | | | | Medicare Supplement | | | 0.0 | | 22,681 | 8,727 | 38.5 | 25 |
| YES | AR-XM-AA-G | G | NO | 30500 | .06/26/2015 | | | | Medicare Supplement | | | 0.0 | | 14,115 | 9,362 | 66.3 | 17 |
| YES | AR-XM-AAHF | F | NO | 30500 | .06/26/2015 | | | | Medicare Supplement | | | 0.0 | | 3,913 | 517 | 13.2 | 10 |
| YES | AR-XM-AA-N | N | NO | 30500 | .06/26/2015 | | | | Medicare Supplement | | | 0.0 | | 21,018 | 19,305 | 91.9 | 29 |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 248,565 | 157,755 | 63.5 | 136 | 2,331,824 | 2,042,124 | 87.6 | 2,056 |

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**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".