

**Amended filing of the Medicare Supplement Insurance Experience Exhibit to include plan characteristic codes that were missing from the original filing.**





**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF Alabama.....

NAIC Group Code 0000..... NAIC Company Code 56383 .....

ADDRESS (City, State and Zip Code) Columbus , OH 43215 .....

Person Completing This Exhibit .....

Title .....

Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			14	Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims			15	Incurred Claims		18
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Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	MS(B)-91	B.	NO.	0034060	02/07/1995			07/01/1997	PLAN B ISSUE AGE	3,945	87	2.2	.1	0	0	0.0	0
YES	MS(C)-91	C.	NO.	0034060	02/07/1995			07/01/1997	PLAN C ISSUE AGE	23,709	12,965	54.7	.5	0	0	0.0	0
YES	MS(F)-91	F.	NO.	0034060	02/07/1995			07/01/1997	PLAN F ISSUE AGE	9,770	11,512	117.8	.2	0	0	0.0	0
YES	MS(C)-04	C.	NO.	0034000	03/12/2004			12/31/2005	PLAN C ATTAINED AGE	.0	(232)	0.0	.0	0	0	0.0	0
YES	MS AC 06	C.	NO.	0034000	08/20/2005			05/31/2010	PLAN C ATTAINED AGE	25,554	22,664	88.7	.5	0	0	0.0	0
YES	MS AF 06	F.	NO.	0034000	08/20/2005			05/31/2010	PLAN F ATTAINED AGE	359,352	163,483	45.5	.74	0	0	0.0	0
YES	MS AG 06	G.	NO.	0034000	08/20/2005			05/31/2010	PLAN G ATTAINED AGE	27,699	21,647	78.2	.6	0	0	0.0	0
YES	MSAAF2010	F.	NO.	0034000	04/19/2010				PLAN F ATTAINED AGE (2010)	.0	(29)	0.0	.0	0	0	0.0	0
YES	MSAAG2010	G.	NO.	0034000	04/19/2010				PLAN G ATTAINED AGE (2010)	3,037	417	13.7	.1	0	0	0.0	0
YES	MSAAN2010	N.	NO.	0034000	04/19/2010				PLAN N ATTAINED AGE (2010)	2,866	(2)	(0.1)	.1	0	0	0.0	0
0199999. Total Experience on Individual Policies										455,932	232,512	51.0	95	0	0	0.0	0

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details
- 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.
  - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
  - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
  - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF Arizona

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus, OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		Premiums Earned	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	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	MS(F) 00 AZ	F.	NO	0034000	08/31/2000			02/03/2006	PLAN F ATTAINED AGE	5,343	293	5.5	.1	0	0	0.0	0
YES	MS IF 06 AZ	F.	NO	0034000	02/03/2006			05/31/2010	PLAN F ISSUE AGE	1,062,281	617,433	58.1	226	0	0	0.0	0
YES	MS IG 06 AZ	G.	NO	0034000	02/03/2006			05/31/2010	PLAN G ISSUE AGE	48,466	30,371	62.7	11	0	0	0.0	0
YES	MSIAF2010 AZ	F.	NO	0034000	06/25/2010				PLAN F ISSUE AGE (2010)	5,424	4,348	80.2	.1	.74	(356)	(481.1)	0
YES	MSIAG2010 AZ	G.	NO	0034000	06/25/2010				PLAN G ISSUE AGE (2010)	0	0	0.0	0	3,704	155	4.2	1
YES	MSIAN2010 AZ	N.	NO	0034000	06/25/2010				PLAN N ISSUE AGE (2010)	0	0	0.0	0	3,635	.99	2.7	1
0199999. Total Experience on Individual Policies										1,121,514	652,445	58.2	239	7,413	(102)	(1.4)	2

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details
- 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.
  - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
  - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
  - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF Arkansas .....

NAIC Group Code 0000 .....

NAIC Company Code 56383 .....

ADDRESS (City, State and Zip Code) Columbus , OH 43215 .....

Person Completing This Exhibit .....

Title .....

Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
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	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	MS IF 06 AR	F.	NO.	0034060	06/06/2006		05/31/2010	PLAN F ISSUE AGE	1,074,454	734,932	.68.4	256	0	0	0.0	0	
YES	MS IG 06 AR	G.	NO.	0034060	06/06/2006		05/31/2010	PLAN G ISSUE AGE	86,515	30,088	.34.8	22	0	0	0.0	0	
YES	MSIAG2010 AR	G.	NO.	0034000	05/20/2010			PLAN G ISSUE AGE (2010)	3,704	2,862	.77.3	1	0	0	0.0	0	
0199999. Total Experience on Individual Policies										1,164,673	767,882	65.9	279	0	0	0.0	0

**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: 1801 Watermark Drive Suite 100 Columbus , OH 43215
  - 2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
  - 3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF California .....

NAIC Group Code 0000 .....

NAIC Company Code 56383 .....

ADDRESS (City, State and Zip Code) Columbus , OH 43215 .....

Person Completing This Exhibit .....

Title .....

Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
N/A	MS-88	P.	NO.	0204060	02/25/1988	08/08/1991	08/01/1992	08/01/1992	PRE-STANDARD	0	(53)	0.0	0	0	0	0.0	0
YES	MS(C)-91	C.	NO.	0034060	02/24/1992		02/02/2006	02/02/2006	PLAN C ISSUE AGE	0	(28)	0.0	0	0	0	0.0	0
YES	MS(F)-91	F.	NO.	0034060	02/24/1992		02/02/2006	02/02/2006	PLAN F ISSUE AGE	18,786	14,489	77.1	3	0	0	0.0	0
0199999. Total Experience on Individual Policies										18,786	14,408	76.7	3	0	0	0.0	0

**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: 1801 Watermark Drive Suite 100 Columbus , OH 43215
  - 2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
  - 3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF Colorado.....

NAIC Group Code 0000 .....

NAIC Company Code 56383 .....

ADDRESS (City, State and Zip Code) Columbus , OH 43215 .....

Person Completing This Exhibit .....

Title .....

Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		Premiums Earned	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	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	MS(F)-02 CO	F.	NO.	0034060	04/29/2002		03/15/2006	PLAN F ATTAINED AGE	.58,695	21,098	.35.9	16	0	0	0	0.0	0
YES	MS(G)-03 CO	G.	NO.	0034060	10/10/2003		03/15/2006	PLAN G ATTAINED AGE	.15,416	1,299	.8.4	5	0	0	0	0.0	0
YES	MS AB 06 CO	B.	NO.	0034060	03/15/2006		05/31/2010	PLAN B ATTAINED AGE	.2,789	320	.11.5	1	0	0	0	0.0	0
YES	MS AF 06 CO	F.	NO.	0034060	03/15/2006		05/31/2010	PLAN F ATTAINED AGE	.853,320	494,801	.58.0	226	0	0	0	0.0	0
YES	MS AG 06 CO	G.	NO.	0034060	03/15/2006		05/31/2010	PLAN G ATTAINED AGE	.195,720	238,899	.122.1	59	0	0	0	0.0	0
YES	MS AAF2010 CO	F.	NO.	0034060	07/06/2010			PLAN F ATTAINED AGE (2010)	.169,908	.94,614	.55.7	54	2,297	(293)	(293)	(12.8)	0
YES	MS AAG2010 CO	G.	NO.	0034060	07/06/2010			PLAN G ATTAINED AGE (2010)	.0	.303	.0.0	0	0	(145)	0	0.0	0
YES	MS AAN2010 CO	N.	NO.	0034060	07/06/2010			PLAN N ATTAINED AGE	.8,453	1,868	.22.1	3	2,087	669	32.1	1	
0199999. Total Experience on Individual Policies										1,304,301	853,202	65.4	364	4,384	231	5.3	1

**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: 1801 Watermark Drive Suite 100 Columbus , OH 43215 .....
  - 2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215 .....
  - 3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123 .....
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF Florida.....  
NAIC Group Code 0000 .....

NAIC Company Code 56383 .....

ADDRESS (City, State and Zip Code) Columbus , OH 43215 .....

Person Completing This Exhibit .....

Title .....

Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
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	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	MS(A)-91	A.	NO.	0034060	04/17/1992			07/01/2004	PLAN A ISSUE AGE	47,540	17,572	37.0	.20	0	0	0.0	
YES	MS(B)-91	B.	NO.	0034060	04/08/1992			07/01/2004	PLAN B ISSUE AGE	89,260	67,590	75.7	.33	0	0	0.0	
YES	MS(C)-91	C.	NO.	0034060	01/27/1994			07/01/2004	PLAN C ISSUE AGE	865,844	774,663	89.5	294	0	0	0.0	
YES	MS(F)-91	F.	NO.	0034060	04/23/1992			07/01/2004	PLAN F ISSUE AGE	1,070,178	835,712	78.1	329	0	0	0.0	
0199999. Total Experience on Individual Policies										2,072,822	1,695,537	81.8	676	0	0	0.0	

**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: 1801 Watermark Drive Suite 100 Columbus , OH 43215 .....
  - 2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215 .....
  - 3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123 .....
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF Georgia

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus, OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
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	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
N/A	MS-88	P.	NO.	0204060	05/24/1988		05/23/1991	01/01/1992	PRE-STANDARD	127	0	0.0	0	0	0	0.0	0
YES	MS(A)-91	A.	NO.	0034060	02/15/1994			01/13/2006	PLAN A ISSUE AGE	2,968	.88	3.0	.1	0	0	0.0	0
YES	MS(B)-91	B.	NO.	0034060	02/15/1994			01/13/2006	PLAN B ISSUE AGE	14,505	3,684	25.4	.4	0	0	0.0	0
YES	MS(C)-91	C.	NO.	0034060	02/15/1994			01/13/2006	PLAN C ISSUE AGE	29,301	.21,500	.73.4	.6	0	0	0.0	0
YES	MS(F)-91	F.	NO.	0034060	02/15/1994			01/13/2006	PLAN F ISSUE AGE	23,327	.45,691	.195.9	.4	0	0	0.0	0
YES	MSIAF2010 GA	F.	NO.	0034060	10/23/2013				PLAN F ISSUE AGE (2010)	1,832	.839	.45.8	.0	7,285	2,734	.37.5	5
YES	MSIAG2010 GA	G.	NO.	0034060	10/23/2013				PLAN G ISSUE AGE (2010)	2,238	.539	.24.1	.0	82,477	27,065	.32.8	.71
0199999. Total Experience on Individual Policies										74,298	72,341	97.4	15	89,762	29,799	33.2	76

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details
- 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.
  - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
  - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
  - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF Idaho.....

NAIC Group Code 0000 .....

NAIC Company Code 56383 .....

ADDRESS (City, State and Zip Code) Columbus , OH 43215 .....

Person Completing This Exhibit .....

Title .....

Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
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	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	MS IF 06 ID	F.	NO.	0034060	06/06/2006		05/31/2010	PLAN F ISSUE AGE	1,635,649	1,030,507	.63.0	382	0	0	0.0	0	
YES	MS IG 06 ID	G.	NO.	0034060	06/06/2006		05/31/2010	PLAN G ISSUE AGE	358,415	351,633	.98.1	111	0	0	0.0	0	
YES	MSIAF2010	F.	NO.	0034060	07/29/2010			PLAN F ISSUE AGE (2010)	12,679	3,206	.25.3	3	0	0	0.0	0	
YES	MSIAG2010	G.	NO.	0034060	07/29/2010			PLAN G ISSUE AGE (2010)	2,883	.713	.24.7	.1	0	0	0.0	0	
0199999. Total Experience on Individual Policies										2,009,626	1,386,059	69.0	497	0	0	0.0	0

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details
- 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.
  - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
  - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
  - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF Illinois  
NAIC Group Code 0000 NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus, OH 43215  
Person Completing This Exhibit  
Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020				
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned
YES	MS(C)-91	C.	NO	0034060	10/07/1993			02/05/2001	PLAN C ISSUE AGE	30,704	11,057	36.0	5	0	0	0	0.0	0
YES	MS(F)-91	F.	NO	0034060	.01/15/1992			02/05/2001	PLAN F ISSUE AGE	132,505	50,842	38.4	19	0	0	0	0.0	0
YES	MS(F)-00	F.	NO	0034000	02/05/2001			12/31/2005	PLAN F ATTAINED AGE	5,946	2,288	38.5	1	0	0	0	0.0	0
YES	MS AD 06 IL	D.	NO	0034060	.09/12/2005			05/31/2010	PLAN D ATTAINED AGE	5,064	755	14.9	1	0	0	0	0.0	0
YES	MS AF 06 IL	F.	NO	0034060	.09/12/2005			05/31/2010	PLAN F ATTAINED AGE	584,124	313,112	53.6	109	0	0	0	0.0	0
YES	MS AG 06 IL	G.	NO	0034060	.09/12/2005			05/31/2010	PLAN G ATTAINED AGE	133,983	89,601	66.9	31	0	0	0	0.0	0
YES	MS AAF 2010 IL	F.	NO	0034060	.05/22/2010				PLAN F ATTAINED AGE (2010)	29,876	14,867	49.8	5	0	0	0	0.0	0
YES	MS AAG 2010IL	G.	NO	0034060	.05/22/2010				PLAN G ATTAINED AGE (2010)	8,900	22,796	256.1	2	0	0	0	0.0	0
YES	MS AAN 2010IL	N.	NO	0034060	.05/22/2010				PLAN N ATTAINED AGE (2010)	0	0	0.0	0	7,279	14,828	203.7	5	
0199999. Total Experience on Individual Policies										931,102	505,318	54.3	173	7,279	14,828	203.7	5	

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details
- 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.
  - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
  - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
  - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF Indiana.

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus, OH 43215

Person Completing This Exhibit

Title

Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	MS(A)-91	A.	NO	0034060	03/28/1994			10/16/2000	PLAN A ISSUE AGE	2,535	133	5.2	.1	0	0	0.0	
YES	MS(C)-91	C.	NO	0034060	03/28/1994			10/16/2000	PLAN C ISSUE AGE	46,750	10,935	23.4	.8	0	0	0.0	
YES	MS(F)-91	F.	NO	0034060	03/28/1994			10/16/2000	PLAN F ISSUE AGE	80,569	27,823	34.5	.16	0	0	0.0	
YES	MS(C)-00	C.	NO	0034000	10/16/2000			12/31/2005	PLAN C ATTAINED AGE	9,046	482	5.3	.2	0	0	0.0	
YES	MS(F)-00	F.	NO	0034000	10/16/2000			12/31/2005	PLAN F ATTAINED AGE	110,976	49,738	44.8	.22	0	0	0.0	
YES	MS(G)-03	G.	NO	0034000	10/10/2003			12/31/2005	PLAN G ATTAINED AGE	52,084	21,766	41.8	.14	0	0	0.0	
YES	MS AC 06	C.	NO	0034000	12/27/2005			05/31/2010	PLAN C ATTAINED AGE	19,571	29,961	153.1	.4	0	0	0.0	
YES	MS AD 06	D.	NO	0034000	12/27/2005			05/31/2010	PLAN D ATTAINED AGE	4,104	1,362	33.2	.1	0	0	0.0	
YES	MS AF 06	F.	NO	0034000	12/27/2005			05/31/2010	PLAN F ATTAINED AGE	740,239	464,576	62.8	.154	0	0	0.0	
YES	MS AG 06	G.	NO	0034000	12/27/2006			05/31/2010	PLAN G ATTAINED AGE	1,100,378	699,651	63.6	.289	0	0	0.0	
YES	MS AAF 2010	F.	NO	0034000	05/28/2010				PLAN F ATTAINED AGE (2010)	20,805	4,321	20.8	.5	0	0	0.0	
YES	MS AAG 2010	G.	NO	0034000	05/28/2010				PLAN G ATTAINED AGE (2010)	10,109	10,047	99.4	.3	2,482	(30)	(1.2)	
0199999. Total Experience on Individual Policies										2,197,166	1,320,795	60.1	519	2,482	(30)	(1.2)	
1																	

**GENERAL INTERROGATORIES**

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- 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.
  - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
  - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
  - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF Iowa  
NAIC Group Code 0000 NAIC Company Code 56383  
ADDRESS (City, State and Zip Code) Columbus, OH 43215  
Person Completing This Exhibit \_\_\_\_\_  
Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	MS(C)-91	C.	NO	0034060	03/15/1995			08/03/2000	PLAN C ISSUE AGE	0	(1)	0.0	0	0	0	0.0	0
YES	MS(F)-91	F.	NO	0034060	03/15/1995			08/03/2000	PLAN F ISSUE AGE	36,504	4,207	11.5	5	0	0	0.0	0
YES	MS AF 06	F.	NO	0034000	09/09/2005			05/31/2010	PLAN F ATTAINED AGE	215,258	136,777	63.5	40	0	0	0.0	0
YES	MS AG 08	G.	NO	0034000	07/30/2008			05/31/2010	PLAN G ATTAINED AGE	9,156	11,866	129.6	2	0	0	0.0	0
YES	MSAAF2010	F.	NO	0034000	05/25/2010			(2010)	PLAN F ATTAINED AGE	5,136	16,692	325.0	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										266,054	169,541	63.7	48	0	0	0.0	0

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details
- 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.
  - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
  - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
  - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF Kansas

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus, OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
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	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	MS(C)-91	C.	NO	0034060	01/03/1995			.11/05/2007	PLAN C ISSUE AGE	69,302	29,628	.42.8	.11	0	0	0.0	
YES	MS(F)-91	F.	NO	0034060	.05/06/1992			.11/05/2007	PLAN F ISSUE AGE	21,399	9,734	.45.5	.3	0	0	0.0	
YES	MSAAF2010 KS	F.	NO	0034060	.08/17/2010				PLAN F ATTAINED AGE (2010)	10,473	3,020	.28.8	.3	0	0	0.0	
0199999. Total Experience on Individual Policies										101,174	42,382	41.9	17	0	0	0.0	

**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: 1801 Watermark Drive Suite 100 Columbus, OH 43215
  - 2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
  - 3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF Kentucky

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus, OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	Amount	12	13	Percent of Premiums Earned	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								Number of Covered Lives
N/A	MS-88	P.	NO.	0204060	01/26/1988		02/01/1991	01/01/1992	PRE-STANDARD		1,809	(881)	(48.7)	.1	0	0	0.0
YES	MS(A)-91	A.	NO.	0034060	03/11/1992			01/03/2001	PLAN A ISSUE AGE		3,058	3,249	106.2	.1	0	0	0.0
YES	MS(C)-91	C.	NO.	0034060	12/02/1993			01/03/2001	PLAN C ISSUE AGE		19,661	4,870	24.8	.4	0	0	0.0
YES	MS(F)-91	F.	NO.	0034060	05/06/1992			01/03/2001	PLAN F ISSUE AGE		31,609	3,634	11.5	.6	0	0	0.0
YES	MSAAC2010 KY	C.	NO.	0034060	07/20/2010				PLAN C ATTAINED (2010)		(135)	15	(11.1)	0	10,403	4,877	46.9
YES	MSAAF2010 KY	F.	NO.	0034000	07/20/2010				PLAN F ATTAINED AGE (2010)		2,700	270	10.0	.1	0	0	0.0
YES	MSAAG2010 KY	G.	NO.	0034060	07/20/2010				PLAN G ATTAINED AGE (2010)		1,771	222	12.5	.0	1,718	(190)	(11.1)
0199999. Total Experience on Individual Policies											60,473	11,379	18.8	13	12,121	4,687	38.7

**GENERAL INTERROGATORIES**

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- 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.
  - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
  - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
  - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF Louisiana.....  
NAIC Group Code 0000 .....

NAIC Company Code 56383 .....

ADDRESS (City, State and Zip Code) Columbus , OH 43215 .....

Person Completing This Exhibit .....

Title ..... Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
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	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	MS(C)-91	C.	NO.	0034060	11/15/1993			05/24/2001	PLAN C ISSUE AGE	4,970	460	9.3	.1	0	0	0.0	0
YES	MS(F)-91	F.	NO.	0034060	.08/14/1992			05/24/2001	PLAN F ISSUE AGE	12,133	3,007	24.8	.2	0	0	0.0	0
YES	MS(G)-04 LA	G.	NO.	0034060	.02/20/2004			02/16/2006	PLAN G ATTAINED AGE	5,538	(55)	(1.0)	.1	0	0	0.0	0
YES	MS AC 06 LA	C.	NO.	0034060	.02/16/2006			05/31/2010	PLAN C ATTAINED AGE	6,272	237	3.8	.1	0	0	0.0	0
YES	MS AD 06 LA	D.	NO.	0034060	.02/16/2006			05/31/2010	PLAN D ATTAINED AGE	0	(53)	0.0	.0	0	0	0.0	0
YES	MS AF 06 LA	F.	NO.	0034060	.02/16/2006			05/31/2010	PLAN F ATTAINED AGE	886,480	437,881	49.4	.135	0	0	0.0	0
YES	MS AG 06 LA	G.	NO.	0034060	.02/16/2006			05/31/2010	PLAN G ATTAINED AGE	153,993	101,262	65.8	.27	0	0	0.0	0
	MSAAF2010 LA	F.	NO.	0034060	.06/25/2010				PLAN F ATTAINED AGE (2010)	0	0	0.0	.0	0	0	0.0	0
0199999. Total Experience on Individual Policies										1,069,386	542,739	50.8	167	0	0	0.0	0

**GENERAL INTERROGATORIES**

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- 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.
  - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
  - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
  - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF Michigan

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus, OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
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	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	MS(C)-91	C.	NO.	0034060	08/19/1993			08/01/2000	PLAN C ISSUE AGE	31,039	7,788	25.1	5	0	0	0.0	
YES	MS(F)-91	F.	NO.	0034060	.05/04/1992			08/01/2000	PLAN F ISSUE AGE	18,414	3,382	18.4	2	0	0	0.0	
YES	MS(C)-00	C.	NO.	0034060	08/01/2000			12/31/2005	PLAN C ATTAINED AGE	16,894	901	5.3	2	0	0	0.0	
YES	MS(D)-00	D.	NO.	0034060	08/01/2000			12/31/2005	PLAN D ATTAINED AGE	10,676	3,879	36.3	2	0	0	0.0	
YES	MS AC 06	C.	NO.	0034060	12/09/2005			05/31/2010	PLAN C ATTAINED AGE	17,057	6,408	37.6	3	0	0	0.0	
YES	MS AF 06	F.	NO.	0034000	12/09/2005			05/31/2010	PLAN F ATTAINED AGE	245,514	150,916	61.5	46	0	0	0.0	
YES	MS AG 06	G.	NO.	0034000	12/09/2005			05/31/2010	PLAN G ATTAINED AGE	159,816	72,041	45.1	31	0	0	0.0	
YES	MSAAF2010	F.	NO.	0034000	04/23/2010				PLAN F ATTAINED AGE (2010)	0	0	0.0	0	0	0	0.0	
YES	MSAAN2010	N.	NO.	0034000	04/23/2010				PLAN N ATTAINED AGE (2010)	0	0	0.0	0	0	0	0.0	
0199999. Total Experience on Individual Policies										499,410	245,315	49.1	91	0	0	0.0	

**GENERAL INTERROGATORIES**

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  - 2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
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  - 3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF Mississippi

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus, OH 43215

Person Completing This Exhibit

Title

Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
NO	MS-88	P.	NO	0034060	01/22/1988		12/26/1990	07/01/1992	PRE-STANDARD	4,601	195	4.2	.1	0	0	0.0	
YES	MS(C)-91MS	C.	NO	0034060	.08/16/1996			08/18/2000	PLAN C ISSUE AGE	5,596	2,138	38.2	.1	0	0	0.0	
YES	MS(F)-91 MS	F.	NO	0034060	.08/16/1996			08/18/2000	PLAN F ISSUE AGE	18,031	5,900	32.7	.3	0	0	0.0	
YES	MS(C)-00 MS	C.	NO	0034060	.08/18/2000		12/04/2002	12/31/2005	PLAN C ATTAINED AGE	4,525	1,519	33.6	.1	0	0	0.0	
YES	MS(F)-00 MS	F.	NO	0034060	.08/18/2000		12/04/2002	12/31/2005	PLAN F ATTAINED AGE	5,522	454	8.2	.1	0	0	0.0	
YES	MS AC 06 MS	C.	NO	0034060	.09/12/2005			05/31/2010	PLAN C ATTAINED AGE	45,481	48,438	106.5	.7	0	0	0.0	
YES	MS AD 06 MS	D.	NO	0034060	.09/12/2005			05/31/2010	PLAN D ATTAINED AGE	11,697	1,245	10.6	.2	0	0	0.0	
YES	MS AF 06 MS	F.	NO	0034060	.09/12/2005			05/31/2010	PLAN F ATTAINED AGE	2,379,696	1,475,686	62.0	.403	0	0	0.0	
YES	MS G 06 MS	G.	NO	0034000	12/14/2006			05/31/2010	PLAN G ATTAINED AGE	60,379	44,984	74.5	.11	0	0	0.0	
									PLAN C ATTAINED AGE (2010)	32,007	58,917	184.1	.5	0	0	0.0	
									PLAN F ATTAINED AGE (2010)	.868	4,568	526.3	.0	0	0	0.0	
									PLAN G ATTAINED AGE (2010)	.0	(165)	0.0	.0	0	0	0.0	
									PLAN N ATTAINED AGE (2010)	3,087	(361)	(11.7)	.1	0	0	0.0	
0199999. Total Experience on Individual Policies										2,571,490	1,643,518	63.9	436	0	0	0.0	

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details
- 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.
  - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
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  - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF Missouri.....

NAIC Group Code 0000 .....

NAIC Company Code 56383 .....

ADDRESS (City, State and Zip Code) Columbus , OH 43215 .....

Person Completing This Exhibit .....

Title .....

Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		Premiums Earned	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	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives
N/A	MS-88	P.	NO.	0034060	02/16/1998		01/23/1991	07/30/1992	PRE-STANDARD	3,357	124	3.7	1	0	0	0.0	0
YES	MS(B)-91	B.	NO.	0034060	01/14/1992			12/31/2005	PLAN B ISSUE AGE	4,360	35	0.8	1	0	0	0.0	0
YES	MS(C)-91	C.	NO.	0034060	11/10/1993			12/31/2005	PLAN C ISSUE AGE	25,121	28,290	112.6	4	0	0	0.0	0
YES	MS(F)-91	F.	NO.	0034060	06/01/1992			12/31/2005	PLAN F ISSUE AGE	14,123	5,804	41.1	3	0	0	0.0	0
YES	MSIAB2010	B.	NO.	0034060	08/10/2010				PLAN B ISSUE AGE (2010)	2,508	1,467	58.5	1	0	0	0.0	0
YES	MSIAC2010	C.	NO.	0034060	08/10/2010				PLAN C ISSUE AGE (2010)	6,553	3,338	50.9	2	0	(235)	0.0	0
YES	MSIAD2010	D.	NO.	0034060	08/10/2010				PLAN D ISSUE AGE (2010)	41,350	29,063	70.3	15	274	.28	10.2	1
YES	MSIAF2010	F.	NO.	0034060	08/10/2010				PLAN F ISSUE AGE (2010)	62,597	80,597	128.8	20	2,232	(113)	(5.1)	0
YES	MSIAG2010	G.	NO.	0034060	08/10/2010				PLAN G ISSUE AGE (2010)	44,324	17,403	39.3	16	362	(261)	(72.1)	1
YES	MSIAN2010	N.	NO.	0034060	08/10/2010				PLAN N ISSUE AGE (2010)	54,217	25,068	46.2	24	0	0	0.0	0
0199999. Total Experience on Individual Policies										258,510	191,189	74.0	87	2,868	(581)	(20.3)	2

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- 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.
  - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
  - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
  - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF Montana.....  
NAIC Group Code 0000 .....

NAIC Company Code 56383 .....

ADDRESS (City, State and Zip Code) Columbus , OH 43215 .....

Person Completing This Exhibit .....

Title .....

Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		Premiums Earned	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	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	MS AC 06 MT	C.	NO	0034060	01/17/2006			05/31/2010	PLAN C ATTAINED AGE ..	7,596	1,229	16.2	2	0	0	0.0	0
YES	MS AD 06 MT	D.	NO	0034060	01/17/2006			05/31/2010	PLAN D ATTAINED AGE ..	7,639	4,583	60.0	2	0	0	0.0	0
YES	MS AF 06 MT	F.	NO	0034060	01/17/2006			05/31/2010	PLAN F ATTAINED AGE ..	727,768	369,357	50.8	171	0	0	0.0	0
YES	MS AG 06 MT	G.	NO	0034060	01/17/2006			05/31/2010	PLAN G ATTAINED AGE ..	67,707	43,104	63.7	20	0	0	0.0	0
YES	MS AAC 2010 MT	C.	NO	0034060	07/12/2010				PLAN C ATTAINED AGE (2010)	3,586	629	17.5	1	0	0	0.0	0
YES	MS AAF 2010 MT	F.	NO	0034060	07/12/2010				PLAN F ATTAINED AGE (2010)	8,941	4,422	49.5	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										823,237	423,324	51.4	198	0	0	0.0	0

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details
- 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.
  - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
  - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
  - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF Nebraska.....

NAIC Group Code 0000 .....

NAIC Company Code 56383 .....

ADDRESS (City, State and Zip Code) Columbus , OH 43215 .....

Person Completing This Exhibit .....

Title .....

Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		Premiums Earned	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		Amount	Amount	Percent of Premiums Earned		Amount	Percent of Premiums Earned	Number of Covered Lives
N/A	MS-88	P.	NO.	0204060	05/01/1989		02/28/1991	05/01/1992	PRE-STANDARD	2,400	5,130	213.8	.1	0	0	0.0	
YES	MS(B)-91	B.	NO.	0034060	05/22/1995			10/04/2000	PLAN B ISSUE AGE	2,073	2,085	100.6	.0	0	0	0.0	
YES	MS(F)-91	F.	NO.	0034060	05/22/1995			10/04/2000	PLAN F ISSUE AGE	9,029	9,611	106.4	.1	0	0	0.0	
YES	MS(F)-00	F.	NO.	0034000	10/04/2000			01/05/2006	PLAN F ATTAINED AGE	10,276	164	1.6	.1	0	0	0.0	
YES	MS AC 06	C.	NO.	0034000	01/05/2006			05/31/2010	PLAN C ATTAINED AGE	3,950	4,920	124.6	.0	0	0	0.0	
YES	MS AF 06	F.	NO.	0034000	01/05/2006			05/31/2010	PLAN F ATTAINED AGE	2,797,163	1,919,386	68.6	488	0	0	0.0	
YES	MS AG 06	G.	NO.	0034000	01/05/2006			05/31/2010	PLAN G ATTAINED AGE	41,708	31,985	76.7	.8	0	0	0.0	
0199999. Total Experience on Individual Policies										2,866,599	1,973,281	68.8	499	0	0	0.0	

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details
- 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.
  - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
  - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
  - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF Nevada

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus, OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	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
YES	MSF 06 NV	F.	NO	0034060	02/16/2007			05/31/2010	PLAN F ATTAINED AGE	188,340	114,009	60.5	.34	0	0	0.0	0
YES	MSG 06 NV	G.	NO	0034060	02/16/2007			05/31/2010	PLAN G ATTAINED AGE	93,902	34,965	37.2	.19	0	0	0.0	0
YES	MSAAF2010 NV	F.	NO	0034000	06/21/2010				PLAN F ATTAINED AGE (2010)	14,621	2,981	20.4	.3	0	0	0.0	0
YES	MS AAG 2010 NV	G.	NO	0034000	06/21/2010				PLAN G ATTAINED AGE (2010)	3,663	218	6.0	.1	2,436	1,344	55.2	.1
YES	MS AAN 2010 NV	N.	NO	0034000	06/21/2010				PLAN N ATTAINED AGE (2010)	0	0	0.0	0	2,896	(56)	(1.9)	.1
0199999. Total Experience on Individual Policies										300,526	152,173	50.6	57	5,332	1,288	24.2	2

**GENERAL INTERROGATORIES**

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- 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.
  - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
  - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
  - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF North Carolina.....

NAIC Group Code 0000 .....

NAIC Company Code 56383 .....

ADDRESS (City, State and Zip Code) Columbus , OH 43215 .....

Person Completing This Exhibit .....

Title .....

Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	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	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
NO	MS-88	P.	NO.	0204060	.10/24/1989			01/01/1992	PRE-STANDARD	(90)	(684)	.760.0	0	0	0	0.0	0
YES	MS(A)-91	A.	NO.	0034060	.09/14/1992			02/16/2001	PLAN A ISSUE AGE	0	(17)	0.0	0	0	0	0.0	0
YES	MS(C)-91	C.	NO.	0034060	.07/22/1994			02/16/2001	PLAN C ISSUE AGE	14,563	11,500	.79.0	2	0	0	0.0	0
YES	MS(F)-91	F.	NO.	0034060	.07/22/1994			02/16/2001	PLAN F ISSUE AGE	644	(40)	(6.2)	0	0	0	0.0	0
YES	MS AC 06 NC	C.	NO.	0034060	.01/23/2006			05/31/2010	PLAN C ATTAINED AGE	81,388	92,754	.114.0	13	0	0	0.0	0
YES	MS AD 06 NC	D.	NO.	0034000	.01/23/2006			05/31/2010	PLAN D ATTAINED AGE	5,330	363	.6.8	1	0	0	0.0	0
YES	MS AF 06 NC	F.	NO.	0034000	.01/23/2006			05/31/2010	PLAN F ATTAINED AGE	508,292	227,550	.44.8	.85	0	0	0.0	0
YES	MS AG 08 NC	G.	NO.	0034000	.08/22/2008			05/31/2010	PLAN G ATTAINED AGE	134,368	70,162	.52.2	.31	0	0	0.0	0
YES	MS AAC 2010 NC	C.	NO.	0034060	.06/01/2010				PLAN C ATTAINED AGE (2010)	6,701	11,393	.170.0	.1	0	0	0.0	0
YES	MS AAG 2010 NC	G.	NO.	0034000	.06/01/2010				PLAN G ATTAINED AGE (2010)	2,049	(281)	(13.7)	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										753,245	412,700	54.8	133	0	0	0.0	0

**GENERAL INTERROGATORIES**

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- 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.
  - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
  - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
  - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF North Dakota.....

NAIC Group Code 0000 .....

NAIC Company Code 56383 .....

ADDRESS (City, State and Zip Code) Columbus , OH 43215 .....

Person Completing This Exhibit .....

Title .....

Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	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
N/A	MS-88	P.	NO	0204060	12/30/1989		01/15/1991	01/01/1992	PRE-STANDARD	3,597	529	14.7	.1	0	0	0.0	0
YES	MS(B)-91	B.	NO	0034060	.08/09/1993			08/08/2000	PLAN B ISSUE AGE	.0	(1)	0.0	0	0	0	0.0	0
YES	MS(C)-91	C.	NO	0034060	.08/09/1993			08/08/2000	PLAN C ISSUE AGE	17,118	4,889	28.6	4	0	0	0.0	0
YES	MS(F)-91	F.	NO	0034060	11/18/1992			08/08/2000	PLAN F ISSUE AGE	25,267	11,968	47.4	5	0	0	0.0	0
YES	MS(F)-00	F.	NO	0034060	.08/08/2000			12/31/2005	PLAN F ATTAINED AGE	4,255	3,162	74.3	.1	0	0	0.0	0
YES	MS AC 06 ND	C.	NO	0034000	10/31/2005			05/31/2010	PLAN C ATTAINED AGE	13,608	2,698	19.8	3	0	0	0.0	0
YES	MS AF 06 ND	F.	NO	0034000	.10/31/2005			05/31/2010	PLAN F ATTAINED AGE	618,126	378,588	61.2	134	0	0	0.0	0
YES	MSG 06 ND	G.	NO	0034000	.01/05/2007			05/31/2010	PLAN G ATTAINED AGE	3,202	3,203	100.0	.1	0	0	0.0	0
0199999. Total Experience on Individual Policies										685,173	405,036	59.1	149	0	0	0.0	0

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details
- 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.
  - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
  - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
  - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF Ohio.....

NAIC Group Code 0000 .....

NAIC Company Code 56383 .....

ADDRESS (City, State and Zip Code) Columbus , OH 43215 .....

Person Completing This Exhibit .....

Title .....

Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		Premiums Earned	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	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives
N/A	MS-88	P.	NO.	0204060	01/27/1988		01/09/1991	01/01/1992	PRE-STANDARD	6,932	38,584	556.6	.1	0	0	0.0	0
YES	MS(A)-91	A.	NO.	0034060	01/01/1992			07/14/2000	PLAN A ISSUE AGE	0	.6	0.0	.0	0	0	0.0	0
YES	MS(B)-91	B.	NO.	0034060	01/30/1992			07/14/2000	PLAN B ISSUE AGE	3,591	1,304	36.3	.1	0	0	0.0	0
YES	MS(C)-91	C.	NO.	0034060	06/24/1993			07/14/2000	PLAN C ISSUE AGE	104,054	39,272	37.7	.21	0	0	0.0	0
YES	MS(F)-91	F.	NO.	0034060	01/30/1992			07/14/2000	PLAN F ISSUE AGE	14,257	13,588	95.0	.3	0	0	0.0	0
YES	MS AF 06 OH	F.	NO.	0034000	09/15/2005			05/31/2010	PLAN F ATTAINED AGE	6,860	1,529	22.3	.1	0	0	0.0	0
YES	MSAAC2010 OH	C.	NO.	0034000	06/29/2010				PLAN C ATTAINED AGE								
									(2010)	11,457	7,236	63.2	.5	43,465	23,876	54.9	20
YES	MSAAD2010 OH	D.	NO.	0034000	06/29/2010				PLAN D ATTAINED AGE								
									(2010)	9,583	1,398	14.6	.4	7,620	3,452	45.3	4
YES	MSAAF2010 OH	F.	NO.	0034000	06/29/2010				PLAN F ATTAINED AGE								
									(2010)	45,523	36,738	80.7	.17	.51,120	.41,314	.80.8	.26
YES	MSAAG2010 OH	G.	NO.	0034000	06/29/2010				PLAN G ATTAINED AGE								
									(2010)	.84,355	.45,299	.53.7	.43	406,070	236,223	.58.2	.282
YES	MSAAN2010 OH	N.	NO.	0034000	06/29/2010				PLAN N ATTAINED AGE								
									(2010)	.27,455	.24,866	.90.6	.15	.12,179	.3,308	.27.2	.17
0199999. Total Experience on Individual Policies										314,067	209,770	66.8	111	520,454	308,173	59.2	349

**GENERAL INTERROGATORIES**

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- 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.
  - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
  - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
  - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF Oklahoma.....

NAIC Group Code 0000 .....

NAIC Company Code 56383 .....

ADDRESS (City, State and Zip Code) Columbus , OH 43215 .....

Person Completing This Exhibit .....

Title .....

Telephone Number .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	MS(A)-91	A.	NO	0034060	01/01/1992		08/18/2000	PLAN A ISSUE AGE	4,595	2,163	47.1	2	0	0	0.0	0	
YES	MS(B)-91	B.	NO	0034060	09/23/1993		08/18/2000	PLAN B ISSUE AGE	3,640	481	13.2	1	0	0	0.0	0	
YES	MS(C)-91	C.	NO	0034060	09/23/1993		08/18/2000	PLAN C ISSUE AGE	56,111	14,733	26.3	13	0	0	0.0	0	
YES	MS(F)-91	F.	NO	0034060	04/03/1992		08/18/2000	PLAN F ISSUE AGE	57,400	38,896	67.8	11	0	0	0.0	0	
YES	MS(A)-00	A.	NO	0034060	08/18/2000		12/31/2005	PLAN A ATTAINED AGE	2,272	7,229	318.2	1	0	0	0.0	0	
YES	MS(C)-00	C.	NO	0034000	08/18/2000		12/31/2005	PLAN C ATTAINED AGE	21,446	5,033	23.5	3	0	0	0.0	0	
YES	MS(F)-00	F.	NO	0034000	08/18/2000		12/31/2005	PLAN F ATTAINED AGE	82,255	23,016	28.0	11	0	0	0.0	0	
YES	MS(G)-03	G.	NO	0034000	11/04/2003		12/31/2005	PLAN G ATTAINED AGE	5,796	3,907	67.4	0	0	0	0.0	0	
YES	MS AF 06 OK	F.	NO	0034000	09/23/2005		05/31/2010	PLAN F ATTAINED AGE	35,950	14,693	40.9	6	0	0	0.0	0	
0199999. Total Experience on Individual Policies										269,465	110,151	40.9	48	0	0	0.0	0

**GENERAL INTERROGATORIES**

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- 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.
  - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215 .....
  - Contact Person and Phone Number: Dennis Lee 800-848-0123 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215 .....
  - Contact Person and Phone Number: Denise Sharif 800-848-0123 .....
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF Oregon

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus, OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
N/A	MS-89	P.	NO.	0204060	03/20/1989	01/24/1991	01/01/1992	PRE-STANDARD	2,902	4,723	162.7	0	0	0	0.0	0	
YES	MSF 06	F.	NO.	0034060	01/25/2007		05/31/2010	PLAN F ATTAINED AGE	576,935	199,530	34.6	109	0	0	0.0	0	
YES	MSG 06	G.	NO.	0034060	01/25/2007		05/31/2010	PLAN G ATTAINED AGE	13,868	2,665	19.2	3	0	0	0.0	0	
YES	MS AAF 2010	F.	NO.	0034060	04/28/2010			PLAN F ATTAINED AGE (2010)	4,197	214	5.1	1	0	0	0.0	0	
0199999. Total Experience on Individual Policies										597,902	207,132	34.6	113	0	0	0.0	0

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details
- 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.
  - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
  - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
  - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF Pennsylvania.....

NAIC Group Code 0000 .....

NAIC Company Code 56383 .....

ADDRESS (City, State and Zip Code) Columbus , OH 43215 .....

Person Completing This Exhibit .....

Title .....

Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	MS(A)-91	A.	NO.	0034060	12/06/1993			10/11/2001	PLAN A ISSUE AGE	4,863	632	13.0	2	0	0	0.0	0
YES	MS(B)-91	B.	NO.	0034060	12/06/1993			10/11/2001	PLAN B ISSUE AGE	12,844	248	1.9	4	0	0	0.0	0
YES	MS(C)-91	C.	NO.	0034060	12/06/1993			10/11/2001	PLAN C ISSUE AGE	268,582	149,704	55.7	63	0	0	0.0	0
YES	MS AAC 2010 PA	C.	NO.	0034060	06/01/2010				PLAN C ATTAINED AGE (2010)	9,288	7,776	83.7	4	0	0	0.0	0
YES	MS AAF 2010 PA	F.	NO.	0034060	06/01/2010				PLAN F ATTAINED AGE (2010)	12,041	3,633	30.2	5	18,819	17,415	92.5	9
YES	MS AAG 2010 PA	G.	NO.	0034060	06/01/2010				PLAN G ATTAINED AGE (2010)	0	0	0.0	0	39,559	11,663	29.5	30
YES	MS AAN 2010 PA	N.	NO.	0034060	06/01/2010				PLAN N ATTAINED AGE (2010)	6,655	4,925	74.0	4	5,522	3,703	67.1	8
0199999. Total Experience on Individual Policies										314,273	166,918	53.1	82	63,900	32,781	51.3	47

**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: 1801 Watermark Drive Suite 100 Columbus , OH 43215
  - 2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
  - 3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF South Carolina.....

NAIC Group Code 0000 .....

NAIC Company Code 56383 .....

ADDRESS (City, State and Zip Code) Columbus , OH 43215 .....

Person Completing This Exhibit .....

Title .....

Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	MS(C)-91	C.	NO.	0034060	03/14/1995			09/14/2000	PLAN C ISSUE AGE	0	(39)	0.0	0	0	0	0.0	0
YES	MS(F)-91	F.	NO.	0034060	03/14/1995			09/14/2000	PLAN F ISSUE AGE	20,113	12,105	60.2	4	0	0	0.0	0
YES	MS(F)-00	F.	NO.	0034060	09/14/2000			12/31/2005	PLAN F ATTAINED AGE	25,182	9,523	37.8	5	0	0	0.0	0
YES	MS AB 06 SC	B.	NO.	0034000	12/06/2005			05/31/2010	PLAN B ATTAINED AGE	6,127	2,093	34.2	1	0	0	0.0	0
YES	MS AC 06 SC	C.	NO.	0034000	12/06/2005			05/31/2010	PLAN C ATTAINED AGE	4,642	(24)	(0.5)	1	0	0	0.0	0
YES	MS AF 06 SC	F.	NO.	0034000	12/06/2005			05/31/2010	PLAN F ATTAINED AGE	43,468	40,674	93.6	8	0	0	0.0	0
YES	MS AG 06 SC	G.	NO.	0034000	12/06/2005			05/31/2010	PLAN G ATTAINED AGE	7,377	1,141	15.5	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										106,909	65,473	61.2	21	0	0	0.0	0

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details
- 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.
  - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
  - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
  - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF South Dakota.....  
NAIC Group Code 0000 .....

NAIC Company Code 56383 .....

ADDRESS (City, State and Zip Code) Columbus , OH 43215 .....

Person Completing This Exhibit .....

Title ..... Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
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	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	MS(F)-91	F.	NO	0034060	09/20/1993		06/27/2000	06/27/2000	PLAN F ISSUE AGE	6,089	729	12.0	.1	0	0	0.0	
YES	MS(F)-00	F.	NO	0034060	06/27/2000		12/31/2005	12/31/2005	PLAN F ATTAINED AGE	22,788	32,197	141.3	3	0	0	0.0	
YES	MS AF 06 SD	F.	NO	0034060	09/01/2005		05/31/2010	05/31/2010	PLAN F ATTAINED AGE	197,542	78,721	39.9	39	0	0	0.0	
YES	MS AG 06 SD	G.	NO	0034060	09/01/2005		05/31/2010	05/31/2010	PLAN G ATTAINED AGE	6,308	1,177	18.7	.1	0	0	0.0	
0199999. Total Experience on Individual Policies										232,727	112,824	48.5	44	0	0	0.0	

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details
- 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.
  - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215 .....
  - Contact Person and Phone Number: Dennis Lee 800-848-0123 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215 .....
  - Contact Person and Phone Number: Denise Sharif 800-848-0123 .....
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF Tennessee.....

NAIC Group Code 0000 .....

NAIC Company Code 56383 .....

ADDRESS (City, State and Zip Code) Columbus , OH 43215 .....

Person Completing This Exhibit .....

Title .....

Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	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		Amount	Amount	Percent of Premiums Earned		Premiums Earned	Amount	Number of Covered Lives
YES	MS(C)-91	C.	NO.	0034000	08/02/1994		08/11/2000	PLAN C ISSUE AGE	6,239	290	4.6	.1	0	0	0	0.0	0
YES	MS(F)-91	F.	NO.	0034000	08/02/1994		08/11/2000	PLAN F ISSUE AGE	18,769	8,209	43.7	.3	0	0	0	0.0	0
YES	MS(F)-00 TN	F.	NO.	0034000	08/11/2000		12/31/2005	PLAN F ATTAINED AGE	2,248	(195)	(8.7)	0	0	0	0	0.0	0
YES	MSAAF2010	F.	NO.	0034060	07/23/2010			PLAN F ATTAINED AGE (2010)	3,086	4,330	140.3	.1	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										30,342	12,634	41.6	5	0	0	0.0	0

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details
- 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.
  - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
  - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
  - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF Texas

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus, OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	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								
N/A	MS-89-TX	P.	NO	0204060	02/16/1990		01/14/1991	03/01/1992	PRE-STANDARD	11,885	4,704	.39.6	2	0	0	0.0	0
YES	MS(A)-91	A.	NO	0034060	.08/20/1992			11/14/2000	PLAN A ISSUE AGE	4,004	1,562	.39.0	.1	0	0	0.0	0
YES	MS(C)-91	C.	NO	0034060	.10/19/1993			11/14/2000	PLAN C ISSUE AGE	66,484	30,036	.45.2	.11	0	0	0.0	0
YES	MS(F)-91	F.	NO	0034060	.08/20/1992			11/14/2000	PLAN F ISSUE AGE	172,304	.90,561	.52.6	.24	0	0	0.0	0
YES	MS(F)-00	F.	NO	0034000	.11/14/2000			03/03/2006	PLAN F ATTAINED AGE	7,490	218	.2.9	.1	0	0	0.0	0
YES	MS AA 06 TX	A.	NO	0034060	.03/03/2006			05/31/2010	PLAN A ATTAINED AGE	44,226	111,679	.252.5	.5	0	0	0.0	0
YES	MSAAA2010 TX	A.	NO	0034060	.09/09/2010				PLAN A ATTAINED AGE (2010)	2,623	.7,588	.289.3	.1	0	0	0.0	0
YES	MSAAG2010 TX	G.	NO	0034000	.09/09/2010				PLAN G ATTAINED AGE (2010)	0	0	.0.0	0	0	(141)	0.0	0
0199999. Total Experience on Individual Policies										309,016	246,348	79.7	45	0	(141)	0.0	0

GENERAL INTERROGATORIES

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  - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
  - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
  - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF Utah.....  
NAIC Group Code 0000..... NAIC Company Code 56383 .....

ADDRESS (City, State and Zip Code) Columbus , OH 43215 .....

Person Completing This Exhibit .....

Title .....

Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	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
YES	MSF 06 UT	F.	NO.	0034000	11/15/2006			05/31/2010	PLAN F ATTAINED AGE	142,421	.81,903	.57.5	.31	0	0	0.0	0
YES	MSG 06 UT	G.	NO.	0034000	11/15/2006			05/31/2010	PLAN G ATTAINED AGE	7,502	1,597	.21.3	2	0	0	0.0	0
YES	MSAAF2010 UT	F.	NO.	0034000	07/22/2010				PLAN F ATTAINED AGE (2010)	10,153	4,862	.47.9	3	0	0	0.0	0
YES	MSAAG2010 UT	G.	NO.	0034000	07/22/2010				PLAN G ATTAINED AGE (2010)	7,152	5,151	.72.0	3	2,293	559	24.4	.1
YES	MSAAN2010 UT	N.	NO.	0034000	07/22/2010				PLAN N ATTAINED AGE (2010)	2,685	572	.21.3	.1	0	0	0.0	0
0199999. Total Experience on Individual Policies										169,913	94,085	55.4	40	2,293	559	24.4	1

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details
- 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.
  - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
  - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
  - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF Virginia

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus, OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
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	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	MS(C)-91	C.	NO.	0034060	04/15/1994		01/11/2006	PLAN C ISSUE AGE	6,021	477	7.9	.1	0	0	0.0	0	
YES	MS AE 06 VA	E.	NO.	0034000	06/18/2007		05/31/2010	PLAN E ATTAINED AGE	34,802	8,624	24.8	10	0	0	0.0	0	
YES	MS AF 06 VA	F.	NO.	0034000	06/18/2007		05/31/2010	PLAN F ATTAINED AGE	1,699,844	953,691	56.1	349	0	0	0.0	0	
YES	MS AG 06 VA	G.	NO.	0034000	06/18/2007		05/31/2010	PLAN G ATTAINED AGE	158,261	94,987	60.0	42	0	0	0.0	0	
0199999. Total Experience on Individual Policies										1,898,928	1,057,779	55.7	402	0	0	0.0	0

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details
- 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.
  - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
  - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
  - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF West Virginia.....

NAIC Group Code 0000 .....

NAIC Company Code 56383 .....

ADDRESS (City, State and Zip Code) Columbus , OH 43215 .....

Person Completing This Exhibit .....

Title .....

Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		Premiums Earned	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	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	MS AE 06 WV	E	NO	0034000	06/07/2006			05/31/2010	PLAN E ATTAINED AGE	13,362	14,768	110.5	3	0	0	0.0	0
YES	MS AF 06 WV	F	NO	0034000	06/07/2006			05/31/2010	PLAN F ATTAINED AGE	908,134	565,256	62.2	185	0	0	0.0	0
YES	MS AG 06 WV	G	NO	0034000	06/07/2006			05/31/2010	PLAN G ATTAINED AGE	106,175	51,193	48.2	27	0	0	0.0	0
YES	MS AAF 2010 WV	F	NO	0034000	06/03/2010				PLAN F ATTAINED AGE (2010)	7,491	4,431	59.2	2	12,117	1,643	13.6	3
0199999. Total Experience on Individual Policies										1,035,162	635,648	61.4	217	12,117	1,643	13.6	3

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details
- 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.
  - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
  - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
  - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF Wisconsin.....

NAIC Group Code 0000 .....

NAIC Company Code 56383 .....

ADDRESS (City, State and Zip Code) Columbus , OH 43215 .....

Person Completing This Exhibit .....

Title .....

Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
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	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	MS-AT (BP) WI-04	0	NO	0034060	04/14/2004			05/31/2010	MED SUPP WI CORE & RIDERS	1,633,614	917,529	56.2	277	0	0	0.0	
0199999. Total Experience on Individual Policies										1,633,614	917,529	56.2	277	0	0	0.0	

**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: 1801 Watermark Drive Suite 100 Columbus , OH 43215 .....
  - 2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215 .....
  - 3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123 .....
4. Explain any policies identified above as policy type "O". .....



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America  
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
(To Be Filed by March 1)

FOR THE STATE OF Wyoming

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus, OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
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	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	MS AF 06 WY	F.	NO.	0034000	09/01/2005		05/31/2010	PLAN F ATTAINED AGE	886,882	523,836	.59.1	202	0	0	0.0	0	
YES	MS AG 06 WY	G.	NO.	0034000	09/01/2005		05/31/2010	PLAN G ATTAINED AGE	29,298	23,154	.79.0	8	0	0	0.0	0	
YES	MS AAF 2010 WY	F.	NO.	0034000	06/09/2010			PLAN F ATTAINED AGE (2010)	22,744	5,206	.22.9	6	0	0	0.0	0	
0199999. Total Experience on Individual Policies										938,924	552,196	.58.8	216	0	0	0.0	0

**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: 1801 Watermark Drive Suite 100 Columbus, OH 43215
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4. Explain any policies identified above as policy type "O".