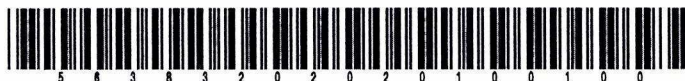


Amended filing of the Medicare Supplement Insurance Experience Exhibit to include plan characteristic codes that were missing from the original filing.



LIFE, AND ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES - ASSOCIATION EDITION

ANNUAL STATEMENTFOR THE YEAR ENDED DECEMBER 31, 2020
OF THE CONDITION AND AFFAIRS OF THE**The Order Of United Commercial Travelers Of America**NAIC Group Code _____ NAIC Company Code 56383 Employer's ID Number 31-4273120
(Current) (Prior)

Organized under the Laws of _____ Ohio _____, State of Domicile or Port of Entry _____ OH

Country of Domicile _____ United States of America

Licensed as business type: _____ Life, Accident and Health [] Fraternal Benefit Societies [X]

Incorporated/Organized _____ 10/04/1890 _____ Commenced Business _____ 01/16/1888

Statutory Home Office _____ 1801 Watermark Drive Suite 100 _____ Columbus, OH, US 43215
(Street and Number) (City or Town, State, Country and Zip Code)Main Administrative Office _____ 1801 Watermark Drive Suite 100 _____
(Street and Number)
Columbus, OH, US 43215 _____ 800-848-0123-1202
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)Mail Address _____ 1801 Watermark Drive Suite 100 _____ Columbus, OH, US 43215
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)Primary Location of Books and Records _____ 1801 Watermark Drive Suite 100 _____
(Street and Number)
Columbus, OH, US 43215 _____ 800-848-0123-1142
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address _____ www.uct.org

Statutory Statement Contact _____ Andrew Michael Swetnam _____ 800-848-0123-1135
(Name) (Area Code) (Telephone Number)
aswetnam@uct.org _____ 614-487-9675
(E-mail Address) (FAX Number)**OFFICERS**UCT President _____ Dianna Jean Wolfe # _____ Chief Executive Officer _____ Kevin Clare Hecker
UCT Secretary/Treasurer _____ Richard Fort Redman # _____**OTHER**Kathryn Louise Chillinsky, Vice-President, Membership & Communications _____ Kevin Joe Roberts, Vice-President, Insurance Operations & Agent Services _____ Andrew Michael Swetnam, Vice-President & Chief Financial Officer
Raymond Daniel Sherrick #, Vice-President of Information Technology _____ Jeffrey Lee Smith MAAA, FCA, Consulting Actuary _____**DIRECTORS OR TRUSTEES**Richard Fort Redman # _____ Thomas Richard Liebaert # _____ Bernd Regenbogen #
David Allan Van Order _____ Mary Frances Applegate _____ David James Syrota
Dianna Jean Wolfe _____ Kenneth Eugene Milliser, Jr. _____ Stanna Kay FunkState of _____ Ohio _____ SS:
County of _____ Franklin

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.

Dianna Jean Wolfe
UCT President

Richard Fort Redman
UCT Secretary/Treasurer

Kevin Clare Hecker
Chief Executive Officer

360.AL



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				Policies Issued in 2018; 2019; 2020			
										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
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
									PLAN F ATTAINED AGE								
YES	MSAAF2010	F	NO	0034000	04/19/2010				(2010)	0	(29)	0.0	0	0	0	0.0	0
									PLAN G ATTAINED AGE								
YES	MSAAG2010	G	NO	0034000	04/19/2010				(2010)	3,037	417	13.7	1	0	0	0.0	0
									PLAN N ATTAINED AGE								
YES	MSAAN2010	N	NO	0034000	04/19/2010				(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

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 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
											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
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

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 Shariff 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 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
											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
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 Shariff 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
											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
N/A	MS-88	P	NO	0204060	02/25/1988		08/08/1991	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	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	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 Shariff 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 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(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
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
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
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
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
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)	(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
YES	MS AAN2010 CO	N	NO	0034060	07/06/2010				PLAN N ATTAINED AGE (2010)	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
											12	13			16	17	
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.....	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.....	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.....	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.....	0.....
0199999. Total Experience on Individual Policies										2,072,822	1,695,537	81.8	676	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 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	13		14	15	17		18
											12	Percent of Premiums Earned			Amount	Percent of Premiums Earned	
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	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

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 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
											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
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	

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 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	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
											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
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
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
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
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
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
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
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
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
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

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".

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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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
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	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12	13			16	17	
										Amount	Percent of Premiums Earned	Amount	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	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	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	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	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	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	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	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	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	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	0
									PLAN F ATTAINED AGE (2010)	20,805	4,321	20.8	5	0	0	0.0	0
									PLAN G ATTAINED AGE (2010)								
YES	MS AAG 2010	G	NO	0034000	05/28/2010					10,109	10,047	99.4	3	2,482	(30)	(1.2)	1
0199999. Total Experience on Individual Policies										2,197,166	1,320,795	60.1	519	2,482	(30)	(1.2)	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 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
											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
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				PLAN F ATTAINED AGE (2010)	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

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 Shariff 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 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
											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
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	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	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	0
0199999. Total Experience on Individual Policies										101,174	42,382	41.9	17	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 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
											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
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	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	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	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	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	3
YES	MSAAF2010 KY	F	NO	0034000	07/20/2010				PLAN F ATTAINED AGE (2010)	2,700	270	10.0	1	0	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)	2
0199999. Total Experience on Individual Policies										60,473	11,379	18.8	13	12,121	4,687	38.7	

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 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
											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
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
YES	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

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 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 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(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	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	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	0
YES	MS(D)-00	D	NO	0034000	08/01/2000			12/31/2005	PLAN D ATTAINED AGE	10,676	3,879	36.3	2	0	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	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	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	0
YES	MSAAF2010	F	NO	0034000	04/23/2010				PLAN F ATTAINED AGE (2010)	0	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	0
0199999. Total Experience on Individual Policies										499,410	245,315	49.1	91	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 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	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
											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
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	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	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	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	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	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	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	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	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	0
									PLAN C ATTAINED AGE (2010)	32,007	58,917	184.1	5	0	0	0.0	0
YES	MSAAF2010 MS	F	NO	0034060	07/21/2010				PLAN F ATTAINED AGE (2010)	868	4,568	526.3	0	0	0	0.0	0
YES	MSAAG2010 MS	G	NO	0034000	07/21/2010				PLAN G ATTAINED AGE (2010)	0	(165)	0.0	0	0	0	0.0	0
YES	MSAAN2010 MS	N	NO	0034000	07/21/2010				PLAN N ATTAINED AGE (2010)	3,087	(361)	(11.7)	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										2,571,490	1,643,518	63.9	436	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 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
											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
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

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 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 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 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

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 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
											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
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	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	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	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	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	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	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	0
0199999. Total Experience on Individual Policies										2,866,599	1,973,281	68.8	499	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 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 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.....	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

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 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
											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
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
									PLAN C ATTAINED AGE (2010)	6,701	11,393	170.0	1	0	0	0.0	0
									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

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 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
											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
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

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 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
											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
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	13,538	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

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".

360.OK



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	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
											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
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

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 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			
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	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12	13			16	17	
										Amount	Percent of Premiums Earned	Amount	Percent of Premiums Earned				
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

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 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
											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
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.....
									PLAN C ATTAINED AGE.....								
YES.....	MS AAC 2010 PA.....	C.....	NO.....	0034060.....	06/01/2010.....				(2010).....	9,288.....	7,776.....	83.7.....	4.....	0.....	0.....	0.0.....	0.....
									PLAN F ATTAINED AGE.....								
YES.....	MS AAF 2010 PA.....	F.....	NO.....	0034060.....	06/01/2010.....				(2010).....	12,041.....	3,633.....	30.2.....	5.....	18,819.....	17,415.....	92.5.....	9.....
									PLAN G ATTAINED AGE.....								
YES.....	MS AAG 2010 PA.....	G.....	NO.....	0034060.....	06/01/2010.....				(2010).....	0.....	0.....	0.0.....	0.....	39,559.....	11,663.....	29.5.....	30.....
									PLAN N ATTAINED AGE.....								
YES.....	MS AAN 2010 PA.....	N.....	NO.....	0034060.....	06/01/2010.....				(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	13		14	15	17		18
											12	Percent of Premiums Earned			Amount	Percent of Premiums Earned	
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.....	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

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 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
											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
YES.....	MS(F)-91.....	F.....	NO.....	0034060.....	09/20/1993.....			06/27/2000.....	PLAN F ISSUE AGE.....	6,089.....	729.....	12.0.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	MS(F)-00.....	F.....	NO.....	0034060.....	06/27/2000.....			12/31/2005.....	PLAN F ATTAINED AGE.....	22,788.....	32,197.....	141.3.....	3.....	0.....	0.....	0.0.....	0.....
YES.....	MS AF 06 SD.....	F.....	NO.....	0034060.....	09/01/2005.....			05/31/2010.....	PLAN F ATTAINED AGE.....	197,542.....	78,721.....	39.9.....	39.....	0.....	0.....	0.0.....	0.....
YES.....	MS AG 06 SD.....	G.....	NO.....	0034060.....	09/01/2005.....			05/31/2010.....	PLAN G ATTAINED AGE.....	6,308.....	1,177.....	18.7.....	1.....	0.....	0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies.....										232,727.....	112,824.....	48.5.....	44.....	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 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
											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
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
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
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
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
0199999. Total Experience on Individual Policies										30,342	12,634	41.6	5	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 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
											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
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

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 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 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.....	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

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 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
											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
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

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 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
											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
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

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 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
											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
YES.....	MS-AT (BP) W1-04	0.....	NO.....	0034060	04/14/2004			05/31/2010	MED SUPP W/ CORE & RIDERS	1,633,614	917,529	56.2	277	0	0	0.0	0
0199999. Total Experience on Individual Policies										1,633,614	917,529	56.2	277	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 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
											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
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

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".