



APPENDIX A

**Reporting Instructions
Medicare Supplement Insurance Experience Report**

1. Policy Form Number: A report form should be filled out for each Medicare supplement policy. Asterisk any policy that is mass marketed.
2. Year First Issued in Missouri: Self-explanatory.
3. Group or Individual Policy: Use the Roman Numeral “I” if the policy is a group policy or “II” if an individual policy or a mass-marketed form.
4. Renewability Type: Enter a two-digit alphabetic code from the following table:
OR—Optionally Renewable
CR—Conditionally Renewable or Quasi-Guaranteed
GO—Guaranteed Renewable
NC—Non-Cancellable
5. Missouri Inforce Policy Counts: Average count for reporting year, calculated by summing monthly inforce count for year and dividing by 12 or using the inforce count of mid-reporting period. The count for group business is the number of certificate holders residing in this state; the count for individual business is the number of policyholders in the state.
Number insured under this policy for: 1 year, etc. This number should be the number that have been insured for 1 (1 . . . 5 years+) or less, for example, if an individual has been insured for less than two years, report him/her as part of the count for “1 year.”
6. Nationwide Inforce Policy Counts: Average nationwide count for reporting year, calculated the same for Missouri Inforce Policy counts.
Number insured under this policy for: (Calculate same as Missouri Inforce Counts.)
7. Premium Data:
Net Premium Written: Premium written less any refund of premium.
Net Premium Earned: Current year premium earned plus premium from prior year earned in current year.
8. Losses Incurred Data:
Note: Losses Paid and Losses Incurred exclude administrative expense and all loss adjustment expense.
 - a. Losses Incurred and Paid Current Year: Calculate the losses incurred and paid during the current year being reported.
 - b. Incurred Prior Year and Paid Current Year: Calculate losses which were incurred in the prior year and paid in the current year being reported.
 - c. Paid Current Year: Self-explanatory.
 - d. Due and Unpaid Current Year: Calculate losses due and outstanding at the end of the current reporting year, excluding those incurred but not reported.
 - e. Due and Unpaid Current Year: Calculate losses due and outstanding at the end of the prior reporting year, excluding incurred but not reported.
 - f. Change in Reserve: Self-explanatory.
 - g. IBNR Losses Due and Unpaid Current Year: Calculate losses due and incurred but not reported at end of current reporting year.
 - h. IBNR Losses Due and Unpaid Prior Year: Calculate losses due and incurred but not reported at the end of the prior reporting year.
 - i. Change in IBNR Reserve: Self-explanatory.
 - j. Total Losses Incurred Current Year: Self-explanatory.



State of Missouri
Medicare Supplement of Insurance Experience Report
 For Calendar Year _____

1. Policy Form No. _____ 2. Year First Issued in Missouri _____

3. This is a Group (I)/Individual or Mass-Marketed (II) Policy _____

4. Renewability Type (Use two-digit alphabetic code from instructions): _____

5. Current Missouri Inforce Policy Counts _____
 Number insured under this policy for:

1 Year	2 Years	3 Years	4 Years	5 Years +
_____	_____	_____	_____	_____

6. Current National Inforce Policy Counts _____
 Number insured under this policy for:

1 Year	2 Years	3 Years	4 Years	5 Years +
_____	_____	_____	_____	_____

7. Net Premium Written _____ Net Premium Earned _____

8. Losses Incurred:

a. Losses incurred and paid current year	\$ _____	
b. Losses incurred prior year, paid current year	\$ _____	
c. Total losses paid current year		\$ _____
d. Outstanding losses due and unpaid current year	\$ _____	
e. Outstanding losses due and unpaid prior year	\$ _____	
f. Change in reserve (d ... e)		\$ _____
g. IBNR losses due and unpaid current year	\$ _____	
h. IBNR losses due and unpaid prior year	\$ _____	
i. Change in IBNR reserve (g ... h)		\$ _____
j. TOTAL LOSSES INCURRED CURRENT YEAR (c+f+i)		\$ _____

 Signature of Person Preparing Report/Title

 Print Name

 Company Name

 NAIC Number

 Address

 Phone Number

NOTE: Missouri experience only except as indicated.