

WAC 284-55-210 Form of medicare supplement loss ratio experience. The following form of medicare supplement loss ratio experience shall be used by all insurers:

MEDICARE SUPPLEMENT LOSS RATIO EXPERIENCE
(SUMMARIZED BY POLICY YEAR)

Experience reported for January 1 to December 31 of 19 ____
To be filed on or before June 30

of the _____
Address (City, State, and Zip Code) _____

NAIC Group Code _____ NAIC Company Code _____ CIC Code _____

National Experience

Form No.	No. of Contracts in Force	Policy Duration	Incurred Losses	Earned Premiums	Loss Ratio	Unearned Premium Reserve	Policy Reserves	Claim Reserves
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Washington Experience

Form No.	No. of Contracts in Force	Policy Duration	Incurred Losses	Earned Premiums	Loss Ratio	Unearned Premium Reserve	Policy Reserves	Claim Reserves
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I hereby certify that I have supervised the preparation of this experience exhibit, that it is complete and accurate to the best of my knowledge, and it is in compliance with RCW 48-66-150, and WAC 284-55-115, and WAC 284-55-150.

Signature of Officer

Date

Name and Title of Officer

Prepared by

Phone Number

[Statutory Authority: RCW 48.02.060 (3)(a) and 48.66.050. WSR 89-11-096 (Order R 89-7), § 284-55-210, filed 5/24/89.]