2004 MEDICARE SUPPLEMENT RATES
APPROVED BY THE STATE OF NH INSURANCE DEPARTMENT

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American Family Life Assurance Company of Columbus (AFLAC)
1932 Wynnton Road
Columbus GA 31999-0001
1-800-992-3522

Rates are based on an attained age basis.

Pre-existing Condition Limitations: Benefits for pre-existing conditions will not be paid unless loss begins more than 90 days after the effective date.

2004 Monthly Rates

Attained Age	1940A-21 Plan A	1940B-21 Plan B	1940C-21 Plan C	1940D-21 Plan D	1940E-21 Plan E	1940F-21 Plan F	1940G-21 Plan G
<65	145.40	204.65	236.95	166.80	166.80	247.85	193.70
65	103.85	135.10	154.35	104.30	108.95	164.55	123.80
66-69	115.65	150.20	171.45	115.95	120.95	182.85	137.55
70-74	130.15	172.85	197.20	135.75	139.05	209.30	160.10
75-79	139.45	190.55	219.10	152.70	154.50	231.15	178.85
80+	145.40	204.65	236.95	166.80	166.80	247.85	193.70

American Progressive Life & Health Insurance Company of New York
411 North Baylen Street
Pensacola FL 32501
1-800-645-4116

Rates are based on an attained age basis.

Pre-existing Condition Limitations: There is a 90 day pre-existing condition limitation.

2004 Monthly Rates

FEMALE							
Attained	Area 1 Rates Zipcodes 030-031, 038-039						
Age	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan F+
< 65	105.91	152.14	177.97	159.83	161.42	183.32	63.11
65-66	70.47	97.64	117.53	101.73	102.73	121.21	41.71
67	73.64	102.23	122.63	106.58	107.67	126.39	43.55
68	76.82	106.91	127.64	111.43	112.51	131.66	45.31
69	80.00	111.43	132.66	116.28	117.45	136.76	47.06
70	83.01	115.94	137.59	121.04	122.21	141.86	48.82
71	86.02	120.37	142.44	125.72	126.98	146.87	50.57
72	88.86	124.72	147.21	130.24	131.57	151.72	52.25
73	91.62	128.82	151.80	134.67	136.00	156.48	53.92
74	94.21	132.83	156.23	138.93	140.35	161.08	55.42
75	96.63	136.67	160.50	143.03	144.45	165.43	56.93
76	98.89	140.27	164.51	146.87	148.38	169.52	58.35
77	100.98	143.61	168.27	150.55	152.05	173.45	59.68
78	102.82	146.79	171.78	153.89	155.40	177.05	60.94
79	104.49	149.63	175.04	156.99	158.57	180.31	62.11
80	105.91	152.14	177.97	159.83	161.42	183.32	63.11
81	107.08	154.39	180.56	162.25	163.84	185.99	64.03
82	108.25	156.65	183.07	164.68	166.35	188.58	64.95
83	109.42	158.82	185.57	167.10	168.77	191.09	65.79
84	110.59	160.91	188.00	169.36	171.03	193.60	66.62
85	111.76	163.00	190.34	171.61	173.37	195.94	67.46
86	112.93	165.01	192.60	173.79	175.54	198.28	68.29
87	114.10	166.93	194.77	175.88	177.63	200.54	69.05
88	115.27	168.77	196.78	177.88	179.64	202.63	69.80
89	116.44	170.53	198.78	179.72	181.56	204.63	70.47
90	117.61	172.28	200.62	181.56	183.40	206.56	71.14
91	118.78	173.87	202.38	183.23	185.07	208.39	71.72
92	119.95	175.38	204.05	184.82	186.66	210.07	72.31
93	121.12	176.88	205.55	186.33	188.17	211.65	72.89
94	122.21	178.22	206.97	187.66	189.50	213.16	73.39
95	123.38	179.56	208.31	189.00	190.92	214.50	73.90
96	124.55	180.81	209.57	190.26	192.18	215.92	74.31
97	125.72	182.15	210.90	191.59	193.52	217.34	74.81
98	126.89	183.48	212.24	192.85	194.77	218.68	75.32
99	128.06	184.82	213.66	194.18	196.11	220.10	75.82

MALE							
Attained	Area 1 Rates Zipcodes 030-031, 038-039						
Age	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan F+
< 65	116.44	167.43	195.77	175.79	177.55	201.62	72.56
65-66	77.49	107.42	129.32	111.85	112.93	133.33	47.98
67	81.08	112.51	134.92	117.20	118.37	139.01	50.07
68	84.51	117.53	140.43	122.55	123.80	144.78	52.08
69	87.94	122.63	145.95	127.90	129.15	150.47	54.17
70	91.37	127.56	151.39	133.08	134.42	156.07	56.17
71	94.63	132.41	156.74	138.26	139.68	161.58	58.18
72	97.72	137.17	161.92	143.28	144.70	166.93	60.10
73	100.73	141.69	167.02	148.13	149.63	172.12	61.94
74	103.57	146.12	171.87	152.81	154.31	177.13	63.78
75	106.25	150.30	176.55	157.32	158.91	181.98	65.45
76	108.75	154.31	180.98	161.58	163.17	186.49	67.12
77	111.01	157.99	185.07	165.60	167.27	190.76	68.63
78	113.10	161.42	189.00	169.27	170.95	194.69	70.05
79	114.94	164.59	192.51	172.70	174.46	198.36	71.39
80	116.44	167.43	195.77	175.79	177.55	201.62	72.56
81	117.78	169.86	198.61	178.47	180.22	204.55	73.64
82	119.04	172.28	201.37	181.14	182.98	207.39	74.65
83	120.37	174.71	204.13	183.82	185.66	210.23	75.65
84	121.63	177.05	206.81	186.33	188.17	212.91	76.65
85	122.96	179.30	209.31	188.83	190.76	215.58	77.57
86	124.22	181.48	211.82	191.17	193.10	218.09	78.49
87	125.56	183.57	214.16	193.43	195.35	220.52	79.41
88	126.81	185.66	216.50	195.69	197.61	222.86	80.25
89	128.15	187.58	218.68	197.70	199.70	225.11	81.00
90	129.40	189.50	220.68	199.70	201.71	227.20	81.75
91	130.65	191.26	222.61	201.54	203.55	229.21	82.51
92	131.91	192.93	224.44	203.30	205.30	231.13	83.17
93	133.25	194.52	226.12	204.97	207.06	232.89	83.84
94	134.50	196.02	227.70	206.47	208.56	234.48	84.43
95	135.75	197.44	229.13	207.89	209.98	235.98	84.93
96	137.01	198.87	230.55	209.31	211.40	237.48	85.51
97	138.26	200.37	232.05	210.74	212.83	239.07	86.02
98	139.60	201.79	233.47	212.16	214.25	240.58	86.60
99	140.85	203.30	234.98	213.58	215.75	242.17	87.19

American Progressive Life & Health Insurance Company of New York
411 North Baylen Street
Pensacola FL 32501
1-800-645-4116

Rates are based on an attained age basis.

Pre-existing Condition Limitations: There is a 90 day pre-existing condition limitation.

2004 Monthly Rates

FEMALE							
Attained	Area 2 Rates All other Zipcodes						
Age	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan F+
< 65	94.14	135.23	158.19	142.07	143.48	162.95	56.10
65-66	62.64	86.79	104.47	90.43	91.32	107.74	37.08
67	65.46	90.87	109.00	94.74	95.70	112.35	38.71
68	68.29	95.03	113.46	99.05	100.01	117.03	40.27
69	71.11	99.05	117.92	103.36	104.40	121.56	41.83
70	73.78	103.06	122.30	107.59	108.63	126.09	43.39
71	76.46	107.00	126.61	111.75	112.87	130.55	44.95
72	78.99	110.86	130.85	115.77	116.95	134.86	46.44
73	81.44	114.50	134.94	119.70	120.89	139.10	47.93
74	83.74	118.07	138.87	123.49	124.76	143.18	49.26
75	85.90	121.49	142.66	127.13	128.40	147.05	50.60
76	87.90	124.68	146.23	130.55	131.89	150.69	51.86
77	89.76	127.65	149.57	133.82	135.16	154.18	53.05
78	91.39	130.48	152.69	136.79	138.13	157.38	54.17
79	92.88	133.00	155.59	139.54	140.95	160.27	55.21
80	94.14	135.23	158.19	142.07	143.48	162.95	56.10
81	95.18	137.24	160.50	144.22	145.64	165.33	56.92
82	96.22	139.25	162.73	146.38	147.86	167.63	57.73
83	97.26	141.18	164.95	148.53	150.02	169.86	58.48
84	98.30	143.04	167.11	150.54	152.03	172.09	59.22
85	99.34	144.89	169.19	152.55	154.11	174.17	59.96
86	100.38	146.68	171.20	154.48	156.04	176.25	60.71
87	101.42	148.39	173.13	156.34	157.90	178.26	61.38
88	102.47	150.02	174.91	158.12	159.68	180.11	62.04
89	103.51	151.58	176.69	159.75	161.39	181.90	62.64
90	104.55	153.14	178.33	161.39	163.02	183.61	63.23
91	105.59	154.55	179.89	162.87	164.51	185.24	63.75
92	106.63	155.89	181.38	164.29	165.92	186.73	64.27
93	107.67	157.23	182.71	165.62	167.26	188.14	64.79
94	108.63	158.42	183.98	166.81	168.45	189.48	65.24
95	109.67	159.60	185.17	168.00	169.71	190.66	65.68
96	110.71	160.72	186.28	169.12	170.82	191.93	66.06
97	111.75	161.91	187.47	170.30	172.01	193.19	66.50
98	112.79	163.10	188.66	171.42	173.13	194.38	66.95
99	113.83	164.29	189.92	172.61	174.32	195.64	67.39

MALE							
Attained	Area 2 Rates All Other Zipcodes						
Age	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan F+
< 65	103.51	148.83	174.02	156.26	157.82	179.22	64.50
65-66	68.88	95.48	114.95	99.42	100.38	118.51	42.65
67	72.07	100.01	119.93	104.17	105.21	123.57	44.51
68	75.12	104.47	124.83	108.93	110.04	128.69	46.29
69	78.17	109.00	129.73	113.69	114.80	133.75	48.15
70	81.21	113.39	134.56	118.29	119.48	138.73	49.93
71	84.11	117.70	139.32	122.90	124.16	143.63	51.72
72	86.86	121.93	143.93	127.36	128.62	148.39	53.42
73	89.54	125.95	148.46	131.67	133.00	152.99	55.06
74	92.06	129.88	152.77	135.83	137.17	157.45	56.69
75	94.44	133.60	156.93	139.84	141.25	161.76	58.18
76	96.67	137.17	160.87	143.63	145.04	165.77	59.67
77	98.68	140.43	164.51	147.20	148.68	169.56	61.00
78	100.53	143.48	168.00	150.47	151.95	173.05	62.27
79	102.17	146.30	171.12	153.51	155.07	176.32	63.46
80	103.51	148.83	174.02	156.26	157.82	179.22	64.50
81	104.69	150.99	176.55	158.64	160.20	181.82	65.46
82	105.81	153.14	179.00	161.02	162.65	184.35	66.35
83	107.00	155.30	181.45	163.39	165.03	186.87	67.25
84	108.11	157.38	183.83	165.62	167.26	189.25	68.14
85	109.30	159.38	186.06	167.85	169.56	191.63	68.95
86	110.42	161.31	188.29	169.93	171.64	193.86	69.77
87	111.60	163.17	190.37	171.94	173.65	196.01	70.59
88	112.72	165.03	192.45	173.95	175.65	198.09	71.33
89	113.91	166.74	194.38	175.73	177.51	200.10	72.00
90	115.02	168.45	196.16	177.51	179.30	201.96	72.67
91	116.14	170.01	197.87	179.15	180.93	203.74	73.34
92	117.25	171.49	199.51	180.71	182.49	205.45	73.93
93	118.44	172.91	200.99	182.19	184.05	207.01	74.53
94	119.56	174.24	202.40	183.53	185.39	208.42	75.05
95	120.67	175.51	203.67	184.79	186.65	209.76	75.49
96	121.78	176.77	204.93	186.06	187.91	211.10	76.01
97	122.90	178.11	206.27	187.32	189.18	212.51	76.46
98	124.09	179.37	207.53	188.58	190.44	213.85	76.98
99	125.20	180.71	208.87	189.85	191.78	215.26	77.50

American Republic Insurance Company
601 Sixth Avenue
Des Moines IA 50309
1-800-943-2121

Rates are based on an attained age basis.

Pre-existing Conditions: None.

2004 Monthly Rates

Attained Age	A-3146 Plan A	A-3161 Plan C	A-3162 Plan F
>65	144.90	233.20	214.61
65	72.46	118.23	107.32
66	74.71	120.73	110.70
67	78.62	126.01	115.75
68	81.96	130.55	120.06
69	84.59	134.09	123.40
70	87.14	137.56	126.61
71	89.59	140.93	129.68
72	91.96	144.10	132.55
73	94.12	147.02	135.19
74	96.07	149.70	137.59
75	98.01	152.33	140.09
76	99.99	154.96	142.60
77	101.98	157.72	145.18
78	104.00	160.47	147.79
79	106.07	163.24	150.48
80	108.21	166.17	153.23
81	110.37	169.13	155.94
82	112.59	172.08	158.80
83	114.79	175.11	161.72
84	117.10	178.25	164.65
85	119.43	181.44	167.61

* Rates continue to increase after age 85 and up to age 99.

Anthem Blue Cross Blue Shield New Hampshire
3000 Goffs Falls Road
Manchester NH 03111-0001
1-800-225-2666

Rates are based on an attained age basis.

Pre-existing Condition Limitations: None

2004 Monthly Rates

Attained Age	616.273 Plan A	MKT-6043 Plan B	616.274 Plan C	616.275 Plan D	616.276 Plan F	616.277 Plan H	616.278 Plan J
<65	126.53	147.24	173.63	162.79	173.75	242.74	296.64
65	71.70	83.44	98.39	92.24	98.46	137.56	168.09
66	75.92	88.34	104.18	97.67	104.25	145.64	177.99
67	80.13	93.26	109.97	103.09	110.05	153.73	187.86
68-69	84.35	98.16	115.75	108.52	115.83	161.82	197.75
70-74	92.79	107.98	127.33	119.37	127.42	178.01	217.52
75+	126.53	147.24	173.63	162.79	173.75	242.74	296.64

Bankers Life and Casualty Company
222 Merchandise Mart Plaza
Chicago Illinois 60654
1-800-621-3724

Rates are based on an attained age basis.

Pre-existing Condition Limitations: None.

2004 Monthly Rates

Attained Age	A06A Plan A	A06B Plan B	A06C Plan C	A06D Plan D	A06E Plan E	A06F Plan F	A06FH Plan FH	A06G Plan G
<65	112.52	207.70	297.83	218.12	182.86	245.81	68.68	186.36
65	71.97	119.49	170.92	118.60	103.02	136.78	40.51	98.74
66	73.69	123.35	176.28	122.81	106.48	142.09	41.93	102.87
67	75.39	127.27	181.82	127.10	110.01	147.65	43.41	107.17
68	77.39	131.62	187.87	131.82	113.91	153.44	44.93	111.68
69	79.45	136.23	194.32	136.92	118.02	159.43	46.51	116.48
70	81.62	140.98	201.07	142.15	122.33	165.67	48.15	121.39
71	83.79	145.94	208.04	147.69	126.80	172.18	49.85	126.57
72	86.06	151.07	215.35	153.42	131.43	179.05	51.61	132.02
73	88.97	157.14	224.03	160.16	136.89	186.18	53.49	137.68
74	91.99	163.48	233.16	167.23	142.54	193.61	55.42	143.67
75	95.11	170.09	242.63	174.64	148.44	201.36	57.43	149.93
76	98.36	177.02	252.67	182.54	154.68	209.52	59.51	156.51
77	101.73	184.19	263.11	190.71	161.24	217.95	61.69	163.40
78	105.23	191.75	274.19	199.40	168.10	226.78	63.94	170.69
79	108.80	199.50	285.64	208.51	175.27	236.07	66.27	178.32
80+	112.52	207.70	297.83	218.12	182.86	245.81	68.68	186.36

All rates above are available statewide to applicants age 65 and over covered under both Medicare Parts A & B. Also available for under-65 applicants where the application is submitted prior to or during the six-month period beginning with the first day of the first month in which such applicants are enrolled for benefits under Medicare Part B.

Cental States Health & Life Company of Omaha
1212 North 96th Street
Omaha NE 68114
1-800-541-2363

Rates are based on an attained age basis.

Pre-existing Condition Limitations: There is a six month pre-existing condition limitation.

2004 Monthly Rates

Attained Age	S25 Plan A	S26 Plan B	S27 Plan C	S30 Plan F
<65	147.14	154.26	214.01	230.21
65	90.90	95.30	132.21	142.22
66	90.90	95.30	132.21	142.22
67	94.08	98.64	136.82	147.20
68	97.37	102.09	141.61	152.35
69	100.78	105.66	146.58	157.68
70	104.31	109.36	151.73	163.20
71	107.96	113.19	157.05	168.91
72	111.74	117.15	162.55	174.82
73	115.65	121.25	168.23	180.94
74	119.70	125.49	174.09	187.28
75	123.89	129.88	180.12	193.83
76	128.23	134.43	186.51	200.62
77	132.71	139.14	193.07	207.64
78	137.36	144.01	199.82	214.90
79	142.16	149.05	206.74	222.42
80+	147.14	154.26	214.01	230.21

Combined Insurance Company of America
123 North Wacker Drive
Chicago IL 60606
1-800-544-5531

Rates are based on an attained age basis.

Pre-existing Condition Limitations: None.

2004 Monthly Rates

Attained Age	14971 Plan A	14972 Plan C	14973 Plan F
<65*	146.82	247.23	270.43
65	102.87	174.35	190.53
66-70	109.18	184.90	200.77
71-75	129.99	219.11	238.67
76-80	146.82	247.23	270.43

* Eligible for Medicare Due to Disability. Only allowed for those disabled who have enrolled for benefits under Medicare Part B within the last 6 months.

Globe Life and Accident Insurance Company
POB 8080 3700 S. Stonebridge Drive
McKinney TX 75070
1-800-759-1917

Rates are based on an attained age basis.

Pre-existing Condition Limitations: Loss due to a pre-existing condition is not covered unless the loss is incurred more than 60 days after the policy certificate effective date.

2004 Monthly Rates

Attained Age	GGRMSP Plan A	GGRMSP Plan B	GGRMSP Plan C	GGRMSP Plan F
<65	98.00	140.00	168.00	170.00
65	69.00	97.00	111.00	112.00
66	74.00	102.00	116.00	117.00
67	79.00	107.00	121.00	122.00
68	83.00	112.00	126.00	127.00
69	87.00	117.00	131.00	132.00
70	91.00	122.00	136.00	137.00
71	93.00	127.00	141.00	142.00
72	94.00	132.00	146.00	147.00
73	95.00	135.00	151.00	152.00
74	96.00	136.00	156.00	157.00
75	97.00	139.00	160.00	162.00
76	98.00	140.00	163.00	164.00
77	98.00	140.00	164.00	166.00
78	98.00	140.00	166.00	167.00
79	98.00	140.00	167.00	169.00
80+	98.00	140.00	168.00	170.00

Lincoln Heritage Life Insurance Company
4343 E. Camelback Road, Suite 400
Phoenix AZ 85018
1-800-438-7180

Rates are based on an attained age basis.

Pre-existing Condition Limitations: None.

2004 Monthly Rates

Attained Age	Plan A				Plan B				Plan C			
Gender	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Zipcode/ Territory	030-031, 038-039	030-031, 038-039	Rest of State	Rest of State	030-031, 038-039	030-031, 038-039	Rest of State	Rest of State	030-031, 038-039	030-031, 038-039	Rest of State	Rest of State
<64	119.00	137.00	106.00	122.00	162.00	187.00	144.00	166.00	190.00	218.00	169.00	194.00
65-67	78.00	90.00	70.00	80.00	102.00	117.00	91.00	104.00	122.00	141.00	109.00	125.00
68	82.00	94.00	73.00	84.00	107.00	123.00	95.00	109.00	127.00	146.00	113.00	130.00
69	85.00	98.00	76.00	87.00	111.00	128.00	99.00	114.00	132.00	152.00	118.00	135.00
70	88.00	102.00	79.00	90.00	116.00	133.00	103.00	118.00	137.00	158.00	122.00	140.00
71	92.00	105.00	81.00	94.00	120.00	138.00	107.00	123.00	142.00	163.00	126.00	145.00
72	95.00	109.00	84.00	97.00	124.00	143.00	110.00	127.00	147.00	169.00	130.00	150.00
73	97.00	112.00	87.00	100.00	128.00	148.00	114.00	131.00	151.00	174.00	134.00	155.00
74	100.00	115.00	89.00	103.00	132.00	152.00	118.00	135.00	156.00	179.00	138.00	159.00
75	103.00	118.00	91.00	105.00	136.00	157.00	121.00	139.00	160.00	184.00	142.00	163.00
76	105.00	121.00	94.00	108.00	140.00	161.00	124.00	143.00	164.00	188.00	146.00	168.00
77	108.00	124.00	96.00	110.00	143.00	165.00	127.00	146.00	168.00	193.00	149.00	171.00
78	109.00	126.00	97.00	112.00	146.00	168.00	130.00	150.00	171.00	197.00	152.00	175.00
79	111.00	128.00	99.00	114.00	149.00	172.00	133.00	152.00	174.00	201.00	155.00	178.00
80	113.00	130.00	100.00	115.00	152.00	175.00	135.00	155.00	177.00	204.00	158.00	181.00
81	114.00	131.00	101.00	117.00	154.00	177.00	137.00	157.00	180.00	207.00	160.00	184.00
82	115.00	133.00	102.00	118.00	156.00	180.00	139.00	160.00	182.00	210.00	162.00	187.00
83	117.00	134.00	104.00	119.00	158.00	182.00	141.00	162.00	185.00	213.00	164.00	189.00
84	118.00	135.00	105.00	120.00	160.00	184.00	143.00	164.00	187.00	215.00	167.00	191.00
85*	119.00	137.00	106.00	122.00	162.00	187.00	144.00	166.00	190.00	218.00	169.00	194.00

*Rates continue to increase after age 85 up to age 99.

Lincoln Heritage Life Insurance Company
4343 E. Camelback Road, Suite 400
Phoenix AZ 85018
1-800-438-7180

Rates are based on an attained age basis.

Pre-existing Condition Limitations: None.

2004 Monthly Rates

Attained Age	Plan D				Plan F			
Gender	Female	Male	Female	Male	Female	Male	Female	Male
Zipcode/ Territory	030-031, 038-039	030-031, 038-039	Rest of State	Rest of State	030-031, 038-039	030-031, 038-039	Rest of State	Rest of State
<64	170.00	195.00	151.00	173.00	195.00	225.00	174.00	200.00
65-67	105.00	121.00	94.00	108.00	126.00	145.00	112.00	129.00
68	110.00	127.00	98.00	113.00	131.00	151.00	117.00	134.00
69	115.00	132.00	102.00	117.00	136.00	157.00	121.00	139.00
70	120.00	138.00	106.00	122.00	141.00	163.00	126.00	144.00
71	124.00	143.00	110.00	127.00	146.00	168.00	130.00	150.00
72	129.00	148.00	114.00	132.00	151.00	174.00	134.00	155.00
73	133.00	153.00	118.00	136.00	156.00	179.00	139.00	159.00
74	137.00	158.00	122.00	140.00	161.00	185.00	143.00	164.00
75	141.00	163.00	126.00	144.00	165.00	190.00	147.00	168.00
76	145.00	167.00	129.00	148.00	169.00	194.00	150.00	173.00
77	149.00	171.00	132.00	152.00	173.00	199.00	154.00	177.00
78	152.00	175.00	135.00	155.00	176.00	203.00	157.00	180.00
79	155.00	178.00	138.00	159.00	180.00	207.00	160.00	184.00
80	158.00	182.00	140.00	161.00	183.00	210.00	162.00	187.00
81	160.00	184.00	143.00	164.00	185.00	213.00	165.00	189.00
82	163.00	187.00	145.00	166.00	188.00	216.00	167.00	192.00
83	165.00	190.00	147.00	169.00	190.00	219.00	169.00	195.00
84	167.00	193.00	149.00	171.00	193.00	222.00	171.00	197.00
85*	170.00	195.00	151.00	173.00	195.00	225.00	174.00	200.00

*Rates continue to increase after age 85 up to age 99

Mutual of Omaha Insurance Company
Mutual of Omaha Plaza
Omaha, NE 68175
1-800-775-6000

Rates are based on an attained age basis.

Pre-existing Condition Limitations: Conditions treated 180 days prior to policy date are covered 180 days after policy date.

2004 Monthly Rates

Attained Age	M181 Plan A	M182 Plan C	M183 Plan F
<65	106.14	174.68	180.44
65	66.84	109.99	113.61
66	66.84	109.99	113.61
67	69.72	114.73	118.50
68	72.81	119.81	123.76
69	76.02	125.10	129.24
70	79.25	130.41	134.73
71	82.46	135.70	140.16
72	85.68	141.01	145.65
73	88.89	146.30	151.13
74	90.54	148.98	153.91
75	92.19	151.69	156.70
76	93.81	154.37	159.46
77	95.45	157.05	162.24
78	97.07	159.71	164.99
79	98.85	162.65	168.03
80+	106.14	174.68	180.44

Physicians Mutual Insurance Company
2600 Dodge Street
Omaha Nebraska 68131
1-800-228-9100

Rates are based on an attained age basis.

Pre-existing Condition Limitations: None.

2004 Monthly Rates (Agency Sales)

Attained Age	P220 Plan A	Attained Age	P222 Plan C	P225 Plan F
00-99	106.38	00-69	158.43	168.36
		70-79	175.99	177.81
		80-99	193.90	190.90

2004 Monthly Rates (Direct Response Sales)

Attained Age	P620 Plan A	Attained Age	P621 Plan B	P622 Plan C	P625 Plan F
00-99	100.00	00-69	121.71	149.47	158.96
		70-79	134.79	167.34	169.18
		80-99	143.58	183.21	180.35

State Farm Mutual Automobile Insurance Company
One State Farm Plaza
Bloomington IL 61710-0001
For more information please contact your local State Farm Agent.

Rates are based on an attained age basis.

Pre-existing Condition Limitations: None.

2004 Monthly Rates

Attained Age	97037 Plan A	97038 Plan C	97039 Plan F
<65	79.93	120.57	138.64
65-69	79.93	120.57	138.64
70-74	99.92	150.70	173.29
>75	119.90	180.82	207.96

United American Insurance Company
POB 8080
McKinney TX 75070
1-800-331-2512

Rates are based on an attained age basis.

Pre-exising Condition Limitations: Loss due to a pre-existing condition is not covered unless the loss is incurred more than 60 days after the policy effective date.

2004 Monthly Rates

Attained Age	MSA	MSB	MSC	MSD	MSF	MSG
<64*	122.00	176.00	207.00	198.00	232.00	202.00
65	114.00	160.00	169.00	172.00	171.00	173.00
66-69	118.00	165.00	177.00	178.00	179.00	179.00
70-74	122.00	173.00	199.00	188.00	201.00	189.00
75-79	122.00	175.00	213.00	198.00	215.00	199.00
80+	122.00	175.00	230.00	200.00	232.00	202.00

United Healthcare Insurance Company
POB 130
Montgomeryville, PA 18936
1-800-523-5800

Rates are based on an attained age basis.

Pre-existing Condition Limitations: A condition treated three months before the policy date is not covered until three months after policy date.

2004 Monthly Rates

Attained Age	G36000-4 Plan A	G-36000-4 Plan B	G-36000-4 Plan C	G-36000-4 Plan D	G-36000-4 Plan E	G-36000-4 Plan F	G-36000-4 Plan G	G-36000-4 Plan H	G-36000-4 Plan I	G-36000-4 Plan J
under 65	87.00	136.50	162.25	151.50	151.50	163.50	152.00	221.25	222.50	245.25
65 & olde	69.50	109.25	129.75	121.25	121.25	130.75	121.50	177.00	178.00	196.25

Standardized Plans are available to all New Hampshire Medicare recipients who are members of AARP.
Plans A through J are medically underwritten, except during the applicant's open enrollment period when they are guaranteed issue.
Discounts available for spouse, electronic funds transfer, and annual pay.

USAA Insurance Company
9800 Fredericksburg Road
San Antonio TX 78288
1-800-531-8000

Rates are based on an attained age basis.

Pre-existing Condition Limitations: None.

2004 Monthly Rates

Attained Age	LIM21161 Plan A	LIM21161 Plan D	LIM21161 Plan F	LIM21161 Plan G
00-69	73.10	116.62	133.11	118.15
70-74	80.58	129.03	146.71	130.56
75-79	86.70	139.06	158.10	140.42
80-84	92.31	147.56	167.62	149.26
85+	97.75	156.40	177.82	158.27

United World Life Insurance Company
3316 Farnam Street
Omaha NE 68175
1-877-845-0892

Rates are based on an attained age basis.

Pre-existing conditions: Conditions treated 180 days prior to policy date are covered 180 days after policy date.

2004 Monthly Rates

FEMALES					MALES				
Attained Age	Policy Form WM1 Plan A	Policy Form WM2 Plan B	Policy Form WM3 Plan F	Policy Form WM4 Plan G	Attained Age	Policy Form WM1 Plan A	Policy Form WM2 Plan B	Policy Form WM3 Plan F	Policy Form WM4 Plan G
<65	169.12	207.30	232.15	221.07	>65	194.39	238.27	266.84	254.11
65	75.00	91.94	102.95	98.04	65	86.21	105.67	118.34	112.69
66	75.00	91.94	102.95	98.04	66	86.21	105.67	118.34	112.69
67	75.00	91.94	102.95	98.04	67	86.21	105.67	118.34	112.69
68	78.32	96.00	107.51	102.38	68	90.02	110.35	123.57	117.68
69	81.79	100.25	112.27	106.91	69	94.01	115.23	129.04	122.88
70	85.25	104.50	117.03	111.44	70	97.99	120.11	134.51	128.10
71	88.71	108.73	121.76	115.96	71	101.96	124.97	139.96	133.28
72	92.17	112.98	126.51	120.48	72	105.94	129.86	145.42	138.48
73	95.63	117.22	131.27	125.00	73	109.92	134.73	150.88	143.68
74	97.40	119.39	133.69	127.32	74	111.95	137.22	153.67	146.34
75	99.19	121.57	136.15	129.65	75	114.01	139.74	156.49	149.02
76	100.93	123.71	138.53	131.93	76	116.01	142.19	159.23	151.64
77	102.68	125.85	140.94	134.22	77	118.02	144.66	162.00	154.27
78	104.43	128.00	143.34	136.50	78	120.03	147.13	164.76	156.90
79	106.33	130.33	145.95	138.99	79	122.22	149.81	167.76	159.76
80	108.16	132.58	148.47	141.39	80	124.33	152.39	170.66	162.52
81	109.92	134.73	150.88	143.68	81	126.35	154.86	173.43	165.15
82	111.59	136.79	153.18	145.87	82	128.27	157.23	176.07	167.67
83	113.18	138.73	155.36	147.95	83	130.1	159.46	178.57	170.05
84	114.68	140.57	157.42	149.91	84	131.82	161.57	180.94	172.31
85	116.08	142.29	159.34	151.74	85	133.43	163.55	183.15	174.42
86	117.39	143.88	161.13	153.44	86	134.93	165.39	185.21	176.37
87	118.59	145.36	162.79	155.02	87	136.31	167.08	187.11	178.18
88	19.69	146.7	164.29	156.45	88	137.57	168.62	188.84	179.82
89	120.68	147.91	165.64	157.74	89	138.71	170.01	190.39	181.31
90+	121.88	149.39	167.30	159.31	90+	140.09	171.71	192.29	183.12