

SERFF Tracking Number: CLBA-125365888 State: Arkansas  
Filing Company: Columbia Mutual Insurance Compny State Tracking Number: EFT \$25  
Company Tracking Number: CMI-PAP-07-R04  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: Personal Auto AU Program  
Project Name/Number: Capping of renewals for the AU Program/CMI-PAP-07-R04

## Filing at a Glance

Company: Columbia Mutual Insurance Compny

Product Name: Personal Auto AU Program SERFF Tr Num: CLBA-125365888 State: Arkansas  
TOI: 19.0 Personal Auto SERFF Status: Closed State Tr Num: EFT \$25  
Sub-TOI: 19.0001 Private Passenger Auto Co Tr Num: CMI-PAP-07-R04 State Status: Fees verified and received (PPA)  
Filing Type: Rule Co Status: Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding  
Authors: Dennis McVay, Christina Walker, DeeDee Williams Disposition Date: 11/27/2007  
Date Submitted: 11/26/2007 Disposition Status: Filed  
Effective Date Requested (New): 02/18/2008 Effective Date (New): 02/18/2008  
Effective Date Requested (Renewal): 02/18/2008 Effective Date (Renewal):

## General Information

Project Name: Capping of renewals for the AU Program Status of Filing in Domicile: Pending  
Project Number: CMI-PAP-07-R04 Domicile Status Comments:  
Reference Organization: N/A Reference Number: N/A  
Reference Title: N/A Advisory Org. Circular: N/A  
Filing Status Changed: 11/27/2007  
State Status Changed: 11/27/2007 Deemer Date:  
Corresponding Filing Tracking Number:

### Filing Description:

On April 1, 2007 we introduced our new Columbia Mutual Insurance AU Personal Auto program for new business, which has allowed us to write a broader spectrum of business with a more individually rated policy. We are now ready to transition our existing business written in our Standard Personal Auto program (Columbia Mutual Insurance Company) and our Preferred Personal Auto program (Columbia Mutual Insurance Company) into our new AU program. As with any major transition process like this, some insureds will receive premium swings over 10%. In an effort to retain business and provide for less impact on our insured, and us, we would like to introduce a capping rule that will limit these swings up and down to 10% or less on an annual premium. We propose to apply this capping rule where needed on renewals for the next 3 years.

SERFF Tracking Number: CLBA-125365888 State: Arkansas  
 Filing Company: Columbia Mutual Insurance Compny State Tracking Number: EFT \$25  
 Company Tracking Number: CMI-PAP-07-R04  
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
 Product Name: Personal Auto AU Program  
 Project Name/Number: Capping of renewals for the AU Program/CMI-PAP-07-R04

## Company and Contact

### Filing Contact Information

DeeDee Williams, Asst. Analyst dwilliams@colinsgrp.com  
 2102 White Gate Drive (573) 474-6193 [Phone]  
 Columbia, MO 65205 (800) 836-5713[FAX]

### Filing Company Information

Columbia Mutual Insurance Compny CoCode: 40371 State of Domicile: Missouri  
 2102 White Gate Drive Group Code: 807 Company Type: Mutual  
 P O Box 618  
 Columbia, MO 65205 Group Name: Columbia Insurance State ID Number: 03  
 Group  
 (573) 474-6193 ext. [Phone] FEIN Number: 43-0790393  
 -----

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Columbia Mutual Insurance Compny	\$25.00	11/26/2007	16793503

SERFF Tracking Number: CLBA-125365888 State: Arkansas  
Filing Company: Columbia Mutual Insurance Compny State Tracking Number: EFT \$25  
Company Tracking Number: CMI-PAP-07-R04  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: Personal Auto AU Program  
Project Name/Number: Capping of renewals for the AU Program/CMI-PAP-07-R04

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	11/27/2007	11/27/2007

SERFF Tracking Number: CLBA-125365888 State: Arkansas  
Filing Company: Columbia Mutual Insurance Compny State Tracking Number: EFT \$25  
Company Tracking Number: CMI-PAP-07-R04  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: Personal Auto AU Program  
Project Name/Number: Capping of renewals for the AU Program/CMI-PAP-07-R04

## Disposition

Disposition Date: 11/27/2007

Effective Date (New): 02/18/2008

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CLBA-125365888 State: Arkansas  
 Filing Company: Columbia Mutual Insurance Compny State Tracking Number: EFT \$25  
 Company Tracking Number: CMI-PAP-07-R04  
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
 Product Name: Personal Auto AU Program  
 Project Name/Number: Capping of renewals for the AU Program/CMI-PAP-07-R04

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Filed	Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
<b>Supporting Document</b>	NAIC loss cost data entry document	Filed	Yes
<b>Supporting Document</b>	Notice to Policyholders	Filed	Yes
<b>Rate</b>	Auto Premium Capping Rule	Filed	Yes

*SERFF Tracking Number:* CLBA-125365888      *State:* Arkansas  
*Filing Company:* Columbia Mutual Insurance Compny      *State Tracking Number:* EFT \$25  
*Company Tracking Number:* CMI-PAP-07-R04  
*TOI:* 19.0 Personal Auto      *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)  
*Product Name:* Personal Auto AU Program  
*Project Name/Number:* Capping of renewals for the AU Program/CMI-PAP-07-R04

## **Rate Information**

Rate data does NOT apply to filing.

*SERFF Tracking Number:* CLBA-125365888      *State:* Arkansas  
*Filing Company:* Columbia Mutual Insurance Compny      *State Tracking Number:* EFT \$25  
*Company Tracking Number:* CMI-PAP-07-R04  
*TOI:* 19.0 Personal Auto      *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)  
*Product Name:* Personal Auto AU Program  
*Project Name/Number:* Capping of renewals for the AU Program/CMI-PAP-07-R04

## Rate/Rule Schedule

<b>Review Status:</b>	<b>Exhibit Name:</b>	<b>Rule # or Page #:</b>	<b>Rate Action</b>	<b>Previous State Filing Attachments Number:</b>
Filed	Auto Premium Capping Rule	ACP-1 (2-08)	New	ACP-1 (2-08).pdf

## **Auto Premium Capping Rule For Conversion to AU Program**

1. Cap Percent will be 10% on an annual basis and a 5% factor for six-month policies.
2. The Capped Premium is the allowed premium after the Cap Percent is applied to the old premium. This is determined by using the following formulas for annual policies and six-month policies.

### Annual Premium

- Max Capped Premium = Old policy premium X 1.10 (1+ the Cap Percent .10)
- Min Capped Premium = Old policy premium X .90 (1 – the Cap Percent .10)

### Six Month Premium

- Max Capped Premium = Old policy premium X 1.05 (1+ the Cap Percent .05)
- Min Capped Premium = Old policy premium X .95 (1 – the Cap Percent .05)

3. The Capped Factor is the Percentage of Capped Premium divided by New Premium. This capped factor will be applied to “each coverage” individually.
  - We will stop using this capping rule when the factor for Max Capped Premium is greater than 1.00 or after capping renewals for a period of 3 years.
  - We will stop using this capping when the factor for Min Capped Premium is less than 1.00 or after capping renewals for a period of 3 years.

SERFF Tracking Number: CLBA-125365888 State: Arkansas  
 Filing Company: Columbia Mutual Insurance Compny State Tracking Number: EFT \$25  
 Company Tracking Number: CMI-PAP-07-R04  
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
 Product Name: Personal Auto AU Program  
 Project Name/Number: Capping of renewals for the AU Program/CMI-PAP-07-R04

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Filed 11/27/2007

**Comments:**

**Attachment:**

PAP-rule.pdf

**Bypassed -Name:** NAIC Loss Cost Filing Document for OTHER than Workers' Comp **Review Status:** Filed 11/27/2007

**Bypass Reason:** Not applicable.

**Comments:**

**Bypassed -Name:** NAIC loss cost data entry document **Review Status:** Filed 11/27/2007

**Bypass Reason:** Not applicable.

**Comments:**

**Satisfied -Name:** Notice to Policyholders **Review Status:** Filed 11/27/2007

**Comments:**

**Attachment:**

Notice to Policyholders - AR 2-08.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
---	---

<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

<b>5. Company Tracking Number</b>	
-----------------------------------	--

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7. Signature of authorized filer	
8. Please print name of authorized filer	

**Filing information** (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New:    _____    Renewal:    _____
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
-----	---	--

21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
-----	--

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
-----	---

**Check #:**  
**Amount:**

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

PC TD-1 pg 2 of 2



2102 White Gate Drive  
P.O. Box 618  
Columbia, Missouri 65205  
(573)474-6193

## **NOTICE TO POLICYHOLDERS**

TO: Our Valued Policyholders

We are pleased to renew your auto policy in our tier program. This new program provides us more flexibility in rating each vehicle based on driver, usage, past accidents and traffic violation history. We have also introduced many new credits, which may help lower your premium. These changes will allow us the ability to provide more competitive rates and, in the long run, save you money on your insurance coverage. Our goal is to provide you with the most competitive premium available while continuing to offer you broad coverage.

If you have any questions about these changes, please contact your agent. Thank you for allowing us to continue providing coverage for your personal vehicles. We appreciate your business.

MO, IL, AR, SD