

SERFF Tracking Number: PHAR-125361259 State: Arkansas
Filing Company: Pharmacists Mutual Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: AR-WCV-02-08
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: AR-WCV-02-08/AR-WCV-02-08

Filing at a Glance

Company: Pharmacists Mutual Insurance Company

Product Name: Workers Compensation SERFF Tr Num: PHAR-125361259 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$100
Sub-TOI: 16.0004 Standard WC Co Tr Num: AR-WCV-02-08 State Status: Fees verified and received
Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Author: Sheri Boyken Disposition Date: 11/19/2007
Date Submitted: 11/15/2007 Disposition Status: Approved
Effective Date Requested (New): 02/01/2008 Effective Date (New): 02/01/2008
Effective Date Requested (Renewal): 02/01/2008 Effective Date (Renewal):

General Information

Project Name: AR-WCV-02-08 Status of Filing in Domicile:
Project Number: AR-WCV-02-08 Domicile Status Comments:
Reference Organization: NCCI Reference Number: AR-2007-10
Reference Title: Advisory Org. Circular: AR-2007-13
Filing Status Changed: 11/19/2007
State Status Changed: 11/19/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

Pharmacists Mutual Insurance Company is a member of NCCI for our Worker's Compensation program in Arkansas. The purpose of this filing is to adopt their recent loss cost revision. Our loss cost multipliers will be as follows: no change to Class 8835 of 1.427, and All Other Classes will change from 1.269 to 1.226. Overall the rate level change will be 0.0%.

Pharmacists Mutual is requesting that this filing become effective for all policies on and after February 1, 2008.

Company and Contact

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 Product Name: Workers Compensation
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Filing Contact Information

Sheri Boyken, sheri.boyken@phmic.com
 PO Box 370 (800) 247-5930 [Phone]
 Algona, IA 50511 ()-[FAX]

Filing Company Information

Pharmacists Mutual Insurance Company CoCode: 13714 State of Domicile: Iowa
 808 Highway 18 West Group Code: 775 Company Type: Mutual
 P.O. Box 370
 Algona, IA 50511 Group Name: State ID Number:
 (800) 247-5930 ext. [Phone] FEIN Number: 42-0223390

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: Loss cost adoption with change to loss cost multiplier.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pharmacists Mutual Insurance Company	\$100.00	11/15/2007	16674848

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	11/19/2007	11/19/2007

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Disposition

Disposition Date: 11/19/2007
 Effective Date (New): 02/01/2008
 Effective Date (Renewal):
 Status: Approved
 Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Pharmacists Mutual Insurance Company	0.000%	\$0	223	\$280,831	%	%	-4.500%

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Rate	AR WC and Employers Liability Rate Page	Approved	Yes
Rate	AR Miscellaneous Values Page	Approved	Yes
Rate	AR Manual Exception Page	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>PHAR-125361259</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pharmacists Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>AR-WCV-02-08</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>AR-WCV-02-08/AR-WCV-02-08</i>		

Rate Information

Rate data applies to filing.

Filing Method:	Prior Approval
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	-1.000%
Effective Date of Last Rate Revision:	08/01/2007
Filing Method of Last Filing:	Prior Approval

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Pharmacists Mutual Insurance Company	-4.500%	0.000%	\$0	223	\$280,831	%	%

SERFF Tracking Number: PHAR-125361259 State: Arkansas
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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	AR WC and Employers Liability Rate Page		Replacement	AR-PC-07-024709 AR WC and Employers Liability Rate Page 02-08.pdf
Approved	AR Miscellaneous Values Page		Replacement	AR-PC-07-024709 AR Misc Values Page 02-08.pdf
Approved	AR Manual Exception Page		Replacement	AR-PC-07-024709 AR Manual Exception Page 02-08.pdf

Workers' Compensation
and Employer's Liability
Effective 2/1/08

ARKANSAS (03)

<u>CLASS CODE</u>	<u>RATE INCL DISEASE</u>	<u>MINIMUM PREMIUM</u>
83	7.25	750.00
3865	1.13	312.00
4361	1.18	319.00
4611	0.82	271.00
4635	3.36	614.00
4693	0.76	263.00
7380	3.64	652.00
8008	1.03	299.00
8010	1.90	417.00
8013	0.44	220.00
8017	1.05	302.00
8033	1.73	393.00
8044	2.83	542.00
8045	0.40	215.00
8292	2.64	516.00
8742	0.45	221.00
8810	0.22	190.00
8820	0.20	186.00
8832	0.25	193.00
8833	0.99	294.00
8835	2.23	461.00
9015	2.45	491.00
9063	0.97	291.00
9082	1.46	357.00
9083	1.30	336.00
9084	1.80	403.00
9519	2.18	455.00
PER CAPITA		
908	109.00	\$269.00
909	0.00	\$160.00
912	0.00	\$160.00
913	292.00	\$452.00
EXPENSE CONSTANT	\$160	
MINIMUM PREMIUM MULTIPLIER	135	
MAXIMUM MINIMUM PREMIUM	\$750	
LOSS COST MULTIPLIER - 8835	1.427	
LOSS COST MULTIPLIER - A/O	1.226	
Foreign Terrorism	0.02	
Domestic Terrorism	0.01	

MISCELLANEOUS VALUES

Basis of Premium applicable in accordance with the *Basic Manual* footnote instructions for Code:

7370 - "Taxicab Co.":	
Employee operated vehicle.....	\$46,220.00
Leased or rented vehicle.....	\$30,813.00

7420 - "Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew"	
Maximum payroll per week per employee.....	\$600.00

Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents (Advisory Rate).....	\$0.01
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Foreign Terrorism (Advisory Rate).....	\$0.03
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Maximum Payroll applicable in accordance with <i>Basic Manual</i> Rule 2-E-1 --	
"Executive Officers" and the <i>Basic Manual</i> footnote instructions for Code 9178 - "Athletic Team:	
Non-Contact Sports", Code 9179 - "Athletic Team: Contact Sports" and Code 9186 -	
"Carnival - Traveling".....	\$2,400.00

Minimum Payroll applicable in accordance with <i>Basic Manual</i> Rule 2-E-1 --	
"Executive Officers".....	\$300.00

Per Passenger Seat Surcharge - In accordance with the <i>Basic Manual</i> footnote instructions for	
Code 7421, the surcharge is	
Maximum surcharge per aircraft.....	\$1,000.00
Per passenger seat.....	\$100.00

Premium Determination for Partners and Sole Proprietors and Members of Limited Liability Companies in accordance with <i>Basic Manual</i> Rule 2-E-3.....	\$30,800.00
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United States Longshore and Harbor Workers' Compensation Coverage Percentage	
applicable only in connection with <i>Basic Manual</i> Rule 3-A-4.....	90%

(Multiply a Non-F classification rate by a factor of 1.90 to adjust for differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.71) and the adjustment for the differences in loss-based expenses (1.139).)

Experience Rating Eligibility

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or last two years of the experience period produced a premium of at least \$8,000. If more than two years, an average annual premium of at least \$4,000 is required. Page A-1 of the *Experience Rating Plan Manual* should be referenced for the latest approved eligibility amounts by state.

Premium Reduction Percentages - The following percentages are applicable by deductible amount and hazard group on a per claim basis:

Deductible Amount	TOTAL LOSSES Hazard Group						
	A	B	C	D	E	F	G
\$1,000	10.9%	8.8%	7.6%	6.4%	5.4%	3.7%	2.8%
\$1,500	13.2%	10.9%	9.4%	8.0%	6.7%	4.8%	3.7%
\$2,000	15.1%	12.4%	10.8%	9.2%	7.9%	5.7%	4.4%
\$2,500	16.7%	13.9%	12.1%	10.4%	8.8%	6.4%	4.9%
\$3,000	18.2%	15.1%	13.2%	11.4%	9.7%	7.1%	5.5%
\$3,500	19.5%	16.2%	14.3%	12.3%	10.5%	7.9%	6.1%
\$4,000	20.7%	17.3%	15.3%	13.2%	11.4%	8.5%	6.6%
\$4,500	21.8%	18.3%	16.1%	14.0%	12.1%	9.2%	7.1%
\$5,000	22.9%	19.2%	17.0%	14.8%	12.8%	9.7%	7.5%

Deductible Amount	MEDICAL LOSSES ONLY Hazard Group						
	A	B	C	D	E	F	G
\$1,000	10.5%	8.6%	7.4%	6.2%	5.2%	3.6%	2.8%
\$1,500	12.6%	10.3%	8.9%	7.5%	6.3%	4.5%	3.4%
\$2,000	14.2%	11.7%	10.1%	8.6%	7.3%	5.2%	4.0%
\$2,500	15.6%	12.8%	11.2%	9.5%	8.1%	5.8%	4.5%
\$3,000	16.7%	13.9%	12.1%	10.3%	8.8%	6.4%	4.9%
\$3,500	17.8%	14.8%	12.9%	11.0%	9.4%	6.9%	5.4%
\$4,000	18.7%	15.6%	13.6%	11.8%	10.1%	7.4%	5.8%
\$4,500	19.5%	16.3%	14.3%	12.3%	10.6%	7.9%	6.1%
\$5,000	20.3%	17.0%	14.9%	12.9%	11.1%	8.3%	6.4%

Deductible Amount	INDEMNITY LOSSES ONLY Hazard Group						
	A	B	C	D	E	F	G
\$1,000	2.4%	1.9%	1.8%	1.6%	1.5%	1.2%	0.9%
\$1,500	3.2%	2.7%	2.4%	2.3%	2.0%	1.7%	1.3%
\$2,000	4.1%	3.3%	3.1%	2.8%	2.5%	2.2%	1.6%
\$2,500	4.7%	4.0%	3.7%	3.4%	3.0%	2.6%	1.9%
\$3,000	5.4%	4.5%	4.2%	3.9%	3.5%	2.9%	2.3%
\$3,500	6.0%	5.0%	4.7%	4.4%	3.9%	3.3%	2.5%
\$4,000	6.5%	5.5%	5.1%	4.8%	4.2%	3.7%	2.8%
\$4,500	7.1%	6.0%	5.5%	5.2%	4.6%	3.9%	3.1%
\$5,000	7.5%	6.4%	5.9%	5.5%	4.9%	4.2%	3.3%

PHARMACISTS MUTUAL INSURANCE COMPANY
Workers Compensation and Employers Liability
MANUAL EXCEPTION PAGE - ARKANSAS
Effective February 1, 2008

APPENDIX D: SCHEDULE RATING PLAN - has been withdrawn and replaced by the following:

1. Eligibility
 - A. All risks are eligible for this Plan.
 - B. This Plan is not applicable to residual market policyholders covered under the Workers Compensation Insurance Plan (WCIP).

2. Application
 - A. The amount of the schedule rating factor is subject to a maximum of 25%.
 - B. The amount of the schedule rating factor is applied in a multiplicative manner after application of the experience rating modification (if an experience rated risk) and before the application of premium discount and expense constant.
 - C. The credit or debit must be within the range for a specific risk characteristic as provided in this Plan.
 - D. At the time that the schedule rating factor is applied, Pharmacists Mutual Insurance Company will have documentation on file detailing the basis for the credit or debit. This documentation will be provided to the insured on request.
 - E. The effective date of the schedule rating factor will be on or after the date of Pharmacist Mutual Insurance Company's receipt of the documentation supporting the basis for the schedule rating factor.
 - F. If the insured can correct the reason for any schedule debit to the satisfaction of the carrier, the debit may be removed effective on the date that documentation for the correction is received in Pharmacist Mutual Insurance Company's office.

3. Schedule Rating Table

The premium for a risk may be modified according to the Schedule Rating Table to reflect such characteristics of the risk that are not reflected in its experience. Seven categories are considered when determining any credit or debit under this Plan.

		<u>Range of Modifications</u>		
		<u>Credit</u>		<u>Debit</u>
A.	Premises-Conditions, Care	10%	to	10%
B.	Classifications Peculiarities	10%	to	10%
C.	Medical Facilities	5%	to	5%
D.	Safety Devices	5%	to	5%
E.	Employees-Selection, Training, Supervision	10%	to	10%
F.	Management			
	1. Cooperation with insurance carrier	5%	to	5%
	2. Safety Organization	5%	to	5%

PHARMACISTS MUTUAL INSURANCE COMPANY
 Workers Compensation and Employers Liability
 MANUAL EXCEPTION PAGE - ARKANSAS
 Effective February 1, 2008

Changing “Loss Costs” to Basic Policy Rates:

Pharmacists Mutual Insurance Company will use a loss cost multiplier with all “Loss Costs” established by the National Council on Compensation Insurance for all classification codes. The Loss Cost Multiplier will be 1.427 for class code 8835 and 1.226 for all other class codes.

Minimum Premium Formula:

$$\text{Minimum Premium} = \text{Minimum Premium Multiplier} \times \text{Rate} + \text{Expense Constant}$$

$$\text{Minimum Premium Multiplier} = 135$$

$$\text{Maximum Minimum Premium} = \$750.00$$

$$\text{Expense Constant applicable in accordance with Basic Manual Rule 3-A-11} = \$160.00$$

Minimum Premium Formula for Per Capita Classifications:

$$\text{Per Capita Minimum Premium} = \text{Rate} + \text{Expense Constant}$$

Premium Discount Percentages - (See Basic Manual Rule 3-A-19). Pharmacists Mutual Insurance Company will use Table 8 – Type B Carriers Premium Discount Tables (Basic Manual - Appendix A) to determine premium discounts applicable to Standard Premiums. Table 8 is based on the following discounts:

		<u>Non-Stock</u>
First	\$5,000	-
Next	95,000	3.5%
Next	400,000	5.0
Over	500,000	7.0

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Supporting Document Schedules

Review Status:
Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Approved** 11/19/2007

Comments:

All information formerly found in the Transmittal Document is located in the General Information and Rate/Rule Schedule tabs.

Review Status:
Satisfied -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Approved** 11/19/2007

Comments:

Attachments:

Loss Cost Filing Document for WC 8835 02-08.pdf
Loss Cost Filing Document for WC All Other 02-08.pdf

Review Status:
Satisfied -Name: NAIC loss cost data entry document **Approved** 11/19/2007

Comments:

Attachment:

Loss Cost Data Entry Document 02-08.pdf

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER – CLASS 8835 ONLY

This filing transmittal is part of Company Tracking #	AR-WCV-02-08
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

- Loss Cost Reference Filing** AR-2007-10 **Independent Rate Filing**
(Advisory Org, & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

Note: Some states have statutes that prohibit this option for some lines of business.

- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Does this filing apply to all class codes? No

If no, complete a copy of this form for each affected class with appropriate justification.

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
(Check One)

- Without Modification (factor = 1.000)
- With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) +14.4%; We feel this modification is necessary to remain competitive in our niche market.

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.144

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

4. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio.

(Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

		Selected Provisions	
A.	Total Production Expense	18.5	%
B.	General Expense	5.0	%
C.	Taxes, Licenses & Fee	2.5	%
D.	Underwriting profit & contingencies*	2.0	%
E.	Other (explain)		%
F.	Total	28.0	%
	* Explain how investment income is taken into account		

5. A.	Expected Loss Ratio: ELR = 100% - 4F =	72.0
B.	ELR in Decimal Form =	.720

NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.123
7.	Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	.994
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.427
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.427

- | | | | |
|------------|---|--------------------------|-------------------------------------|
| | | Yes | No |
| 10. | Are you amending your minimum premium formula? | | |
| | If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. | Are you changing your premium discount schedules? | | |
| | If yes, attach schedules and support, detailing premium or rate level changes. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER – ALL OTHER CLASSES EXCEPT 8835

This filing transmittal is part of Company Tracking #	AR-WCV-02-08
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

- Loss Cost Reference Filing** AR-2007-10 **Independent Rate Filing**
(Advisory Org, & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

Note: Some states have statutes that prohibit this option for some lines of business.

- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Does this filing apply to all class codes? No

If no, complete a copy of this form for each affected class with appropriate justification.

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
(Check One)

- Without Modification (factor = 1.000)
- With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) -1.7%; We feel this modification is necessary to remain competitive in our niche market.

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) .983

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

4. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio.

(Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

		Selected Provisions	
A.	Total Production Expense	18.5	%
B.	General Expense	5.0	%
C.	Taxes, Licenses & Fee	2.5	%
D.	Underwriting profit & contingencies*	2.0	%
E.	Other (explain)		%
F.	Total	28.0	%
	* Explain how investment income is taken into account		

5. A.	Expected Loss Ratio: ELR = 100% - 4F =	72.0
B.	ELR in Decimal Form =	.720

NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.123
7.	Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	.994
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.226
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.226

- | | | | |
|------------|---|--------------------------|-------------------------------------|
| | | Yes | No |
| 10. | Are you amending your minimum premium formula? | | |
| | If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. | Are you changing your premium discount schedules? | | |
| | If yes, attach schedules and support, detailing premium or rate level changes. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	AR-WCV-02-08
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	NCCI / AR-2007-10
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	Company Name	Company NAIC Number
3.	A. Pharmacists Mutual Insurance Company	B. 13714

	Product Coding Matrix Line of Business (i.e., Type of Insurance)	Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A. Workers Compensation	B. Workers Compensation

5.			FOR LOSS COSTS ONLY				
(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
All Other Classes	-4.5%	0.0	72.0%	.983	1.226		1.269
Class 8835 only				1.144	1.427		1.427
TOTAL OVERALL EFFECT	-4.5%	0.0%					

5 Year History		Rate Change History					
Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2006	207	-5.9	8/1/2006	294	90	30.60	43.51
2005	210	-5.9	8/1/2005	284	73	25.69	43.51
2004	206	+2.3	8/1/2004	277	30	10.89	65.26
2003	201	-9.77	8/1/2003	277	80	29.02	44.55
2002	199	-17.35	8/1/2002	273	45	16.68	65.39

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	18.5
B. General Expense	5.0
C. Taxes, License & Fees	2.5
D. Underwriting Profit & Contingencies	2.0
E. Other (explain)	
F. TOTAL	28.0

- 8.** Y Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** Y Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): +2.7%
- 10.** Y Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): -3.3%