

SERFF Tracking Number: PHAR-125270709 State: Arkansas
Filing Company: Pharmacists Mutual Insurance Company State Tracking Number: AR-PC-07-025930
Company Tracking Number: AR-FIM-01-08-F
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: Farm Inland Marine
Project Name/Number: /Adopt AAIS' new Farm Inland Marine Program

Filing at a Glance

Company: Pharmacists Mutual Insurance Company

Product Name: Farm Inland Marine SERFF Tr Num: PHAR-125270709 State: Arkansas
TOI: 09.0 Inland Marine SERFF Status: Closed State Tr Num: AR-PC-07-025930
Sub-TOI: 09.0000 Inland Marine Sub-TOI Co Tr Num: AR-FIM-01-08-F State Status:
Combinations
Filing Type: Form Co Status: Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding
Author: Lori Stokes Disposition Date: 08/30/2007
Date Submitted: 08/28/2007 Disposition Status: Approved
Effective Date Requested (New): 01/01/2008 Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): 01/01/2008 Effective Date (Renewal):
01/01/2008

General Information

Project Name: Status of Filing in Domicile:
Project Number: Adopt AAIS' new Farm Inland Marine Program Domicile Status Comments:
Reference Organization: AAIS Reference Number: AAIS-2007-24F;AR-PC-07-
023433
Reference Title: Advisory Org. Circular:
Filing Status Changed: 08/30/2007 Deemer Date:
State Status Changed: 08/29/2007
Corresponding Filing Tracking Number: AR-PIM-01-08-R
Filing Description:
Pharmacists Mutual Insurance Company is a member of AAIS for our Farm Inland Marine program. AAIS has recently created a new Farm Inland Marine program. The purpose of this filing is to adopt AAIS' new program and file to use AAIS' forms and endorsements. A separate rule and rate filing will be submitted in the near future.

We would like this filing to be effective for all policies on and after January 1, 2008.

SERFF Tracking Number: PHAR-125270709 State: Arkansas
 Filing Company: Pharmacists Mutual Insurance Company State Tracking Number: AR-PC-07-025930
 Company Tracking Number: AR-FIM-01-08-F
 TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
 Product Name: Farm Inland Marine
 Project Name/Number: /Adopt AAIS' new Farm Inland Marine Program

Company and Contact

Filing Contact Information

Lori Stokes,
 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: \$20.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pharmacists Mutual Insurance Company	\$20.00	08/28/2007	15327392

SERFF Tracking Number: PHAR-125270709 State: Arkansas
Filing Company: Pharmacists Mutual Insurance Company State Tracking Number: AR-PC-07-025930
Company Tracking Number: AR-FIM-01-08-F
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: Farm Inland Marine
Project Name/Number: /Adopt AAIS' new Farm Inland Marine Program

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/30/2007	08/30/2007

SERFF Tracking Number: PHAR-125270709 *State:* Arkansas
Filing Company: Pharmacists Mutual Insurance Company *State Tracking Number:* AR-PC-07-025930
Company Tracking Number: AR-FIM-01-08-F
TOI: 09.0 Inland Marine *Sub-TOI:* 09.0000 Inland Marine Sub-TOI Combinations
Product Name: Farm Inland Marine
Project Name/Number: /Adopt AAIS' new Farm Inland Marine Program

Disposition

Disposition Date: 08/30/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal): 01/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PHAR-125270709 State: Arkansas
Filing Company: Pharmacists Mutual Insurance Company State Tracking Number: AR-PC-07-025930
Company Tracking Number: AR-FIM-01-08-F
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: Farm Inland Marine
Project Name/Number: /Adopt AAIS' new Farm Inland Marine Program

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes

SERFF Tracking Number: PHAR-125270709 *State:* Arkansas
Filing Company: Pharmacists Mutual Insurance Company *State Tracking Number:* AR-PC-07-025930
Company Tracking Number: AR-FIM-01-08-F
TOI: 09.0 Inland Marine *Sub-TOI:* 09.0000 Inland Marine Sub-TOI Combinations
Product Name: Farm Inland Marine
Project Name/Number: /Adopt AAIS' new Farm Inland Marine Program

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PHAR-125270709 State: Arkansas
Filing Company: Pharmacists Mutual Insurance Company State Tracking Number: AR-PC-07-025930
Company Tracking Number: AR-FIM-01-08-F
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: Farm Inland Marine
Project Name/Number: /Adopt AAIS' new Farm Inland Marine Program

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 08/30/2007

Comments:

Attachment:

industry_rates_PCtransDoc_intelligent[1].pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

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

5. Company Tracking Number	
-----------------------------------	--

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: <input type="text"/> Renewal: <input type="text"/>
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. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

22. Filing Fees (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

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

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

2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
-----------	---	--

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

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

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
-----------	---	--

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

4a.	Rate Change by Company (As Proposed)						
------------	---	--	--	--	--	--	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only						
------------	--	--	--	--	--	--	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
---	--	--	--

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
-----------	---	--

7.	Effective Date of last rate revision	
-----------	---	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
-----------	---	--

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	