

SERFF Tracking Number: INMX-125473737 State: Arkansas  
Filing Company: InsureMax Insurance Company State Tracking Number: #8226 \$125  
Company Tracking Number: 11AR0208  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: AR Rate Revision 2-08  
Project Name/Number: /

## Filing at a Glance

Company: InsureMax Insurance Company

Product Name: AR Rate Revision 2-08

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Filing Type: Rate/Rule

SERFF Tr Num: INMX-125473737

SERFF Status: Closed

Co Tr Num: 11AR0208

Co Status:

Author: Jennifer Capozziello

Date Submitted: 02/06/2008

State: Arkansas

State Tr Num: #8226 \$125

State Status: Fees verified and received

Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding

Disposition Date: 02/21/2008

Disposition Status: Filed

Effective Date Requested (New): 02/26/2008

Effective Date Requested (Renewal): 03/26/2008

Effective Date (New): 02/26/2008

Effective Date (Renewal):

03/26/2008

State Filing Description:

## General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 02/21/2008

State Status Changed: 02/11/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

We are filing a revision to our Arkansas Private Passenger Automobile Program. This revision contains our rates and rules.

We cordially request an effective date of February 26, 2008 for new business and March 26, 2008 for renewal business.

Please contact me directly at (877) 858-4100 ext. 277 with any questions regarding this filing.

SERFF Tracking Number: INMX-125473737 State: Arkansas  
Filing Company: InsureMax Insurance Company State Tracking Number: #8226 \$125  
Company Tracking Number: 11AR0208  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: AR Rate Revision 2-08  
Project Name/Number: /

Sincerely,

Jennifer Capozziello

Product Analyst

## Company and Contact

### Filing Contact Information

Jennifer Capozziello, Product Analyst  
4976 SR 261  
Newburgh, IN 47630

jcapozziello@insuremax.net  
(812) 858-4100 [Phone]  
(812) 858-4124[FAX]

### Filing Company Information

InsureMax Insurance Company  
4976 SR 261  
PO Box 607  
Newburgh, IN 47630  
(812) 858-4100 ext. 277[Phone]

CoCode: 10922  
Group Code:

State of Domicile: Indiana  
Company Type:

Group Name:  
FEIN Number: 35-2042563

State ID Number:

-----

## Filing Fees

Fee Required? Yes  
Fee Amount: \$125.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
8226	\$125.00	02/05/2008

SERFF Tracking Number: INMX-125473737

State: Arkansas

Filing Company: InsureMax Insurance Company

State Tracking Number: #8226 \$125

Company Tracking Number: 11AR0208

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: AR Rate Revision 2-08

Project Name/Number: /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	02/21/2008	02/21/2008

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Alexa Grissom	02/15/2008	02/15/2008

#### Response Letters

Responded By	Created On	Date Submitted
Jennifer Capozziello	02/19/2008	02/19/2008

Pending Industry Response	Alexa Grissom	02/11/2008	02/11/2008
---------------------------	---------------	------------	------------

Jennifer Capozziello	02/12/2008	02/12/2008
----------------------	------------	------------

SERFF Tracking Number: INMX-125473737 State: Arkansas  
 Filing Company: InsureMax Insurance Company State Tracking Number: #8226 \$125  
 Company Tracking Number: 11AR0208  
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
 Product Name: AR Rate Revision 2-08  
 Project Name/Number: /

## Disposition

Disposition Date: 02/21/2008  
 Effective Date (New): 02/26/2008  
 Effective Date (Renewal): 03/26/2008  
 Status: Filed  
 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:
InsureMax Insurance Company	%	\$		\$	%	%	%

SERFF Tracking Number: INMX-125473737 State: Arkansas  
 Filing Company: InsureMax Insurance Company State Tracking Number: #8226 \$125  
 Company Tracking Number: 11AR0208  
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
 Product Name: AR Rate Revision 2-08  
 Project Name/Number: /

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	APCS-Auto Premium Comparison Survey	Filed	Yes
<b>Supporting Document</b>	NAIC loss cost data entry document	Filed	Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Filed	Yes
<b>Supporting Document</b>	Competitive Analysis	Filed	Yes
<b>Supporting Document</b>	Cover Letter	Filed	Yes
<b>Supporting Document</b>	Response Letter	Filed	Yes
<b>Rate</b>	Rating Factors	Filed	Yes
<b>Rate</b>	Underwriting Guidelines	Filed	Yes

SERFF Tracking Number: INMX-125473737

State: Arkansas

Filing Company: InsureMax Insurance Company

State Tracking Number: #8226 \$125

Company Tracking Number: 11AR0208

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: AR Rate Revision 2-08

Project Name/Number: /

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 02/15/2008

Submitted Date 02/15/2008

Respond By Date

Dear Jennifer Capozziello,

This will acknowledge receipt of the captioned filing. It is highly unusual for an insurer to make rate filings within such a short time period. Please justify the need for two rate adjustments in such a narrow time period.

Please feel free to contact me if you have questions.

Sincerely,

Alexa Grissom

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 02/19/2008

Submitted Date 02/19/2008

Dear Alexa Grissom,

### Comments:

### Response 1

Comments: Please see the attached letter.

### Changed Items:

### Supporting Document Schedule Item Changes

Satisfied -Name: Response Letter

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

*SERFF Tracking Number:* INMX-125473737

*State:* Arkansas

*Filing Company:* InsureMax Insurance Company

*State Tracking Number:* #8226 \$125

*Company Tracking Number:* 11AR0208

*TOI:* 19.0 Personal Auto

*Sub-TOI:* 19.0001 Private Passenger Auto (PPA)

*Product Name:* AR Rate Revision 2-08

*Project Name/Number:* /

Sincerely,  
Jennifer Capozziello

SERFF Tracking Number: INMX-125473737 State: Arkansas  
Filing Company: InsureMax Insurance Company State Tracking Number: #8226 \$125  
Company Tracking Number: 11AR0208  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: AR Rate Revision 2-08  
Project Name/Number: /

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 02/11/2008

Submitted Date 02/11/2008

Respond By Date

Dear Jennifer Capozziello,

This will acknowledge receipt of the captioned filing. Is this revision for the same program as the rate filing you made a month or so ago? Please clarify.

Please feel free to contact me if you have questions.

Sincerely,

Alexa Grissom

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 02/12/2008

Submitted Date 02/12/2008

Dear Alexa Grissom,

### Comments:

### Response 1

Comments: Yes, this is for the same program. Thanks,

Jennifer Capozziello

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

*SERFF Tracking Number:* INMX-125473737

*State:* Arkansas

*Filing Company:* InsureMax Insurance Company

*State Tracking Number:* #8226 \$125

*Company Tracking Number:* 11AR0208

*TOI:* 19.0 Personal Auto

*Sub-TOI:* 19.0001 Private Passenger Auto (PPA)

*Product Name:* AR Rate Revision 2-08

*Project Name/Number:* /

Sincerely,  
Jennifer Capozziello

SERFF Tracking Number: INMX-125473737  
 Filing Company: InsureMax Insurance Company  
 Company Tracking Number: 11AR0208  
 TOI: 19.0 Personal Auto  
 Product Name: AR Rate Revision 2-08  
 Project Name/Number: /

State: Arkansas  
 State Tracking Number: #8226 \$125  
 Sub-TOI: 19.0001 Private Passenger Auto (PPA)

## Rate Information

Rate data applies to filing.

**Filing Method:** Prior Approval  
**Rate Change Type:**  
**Overall Percentage of Last Rate Revision:** 4.150%  
**Effective Date of Last Rate Revision:** 01/22/2008  
**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):
InsureMax Insurance Company	%	%				%	%

SERFF Tracking Number: INMX-125473737 State: Arkansas  
 Filing Company: InsureMax Insurance Company State Tracking Number: #8226 \$125  
 Company Tracking Number: 11AR0208  
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
 Product Name: AR Rate Revision 2-08  
 Project Name/Number: /

## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Attachments
Filed	Rating Factors	5 pages	Replacement	07AR0108	AR Rate Revision Changes 02-26-08.pdf
Filed	Underwriting Guidelines	3 pages	Replacement	08AR0108	AR UWG pages.pdf

INSUREMAX INSURANCE COMPANY

**AVERAGE DRIVER FACTOR - RATE ORDER OF CALCULATION**

**Calculation**

	BI	PD	COMP	COLL	PIP
Driver Class Factor (rated driver #1)					
Driving Record Points Factor	*	*	*	*	*
International License Surcharge	*	*	*	*	*
PLUS (if there are at least 2 vehicles and 2 drivers)					
Driver Class Factor (rated driver #2)					
Driving Record Points Factor	*	*	*	*	*
International License Surcharge	*	*	*	*	*
PLUS (if there are at least 3 vehicles and 3 drivers)					
Driver Class Factor (rated driver #3)					
Driving Record Points Factor	*	*	*	*	*
International License Surcharge	*	*	*	*	*
PLUS (if there are at least 4 vehicles and 4 drivers)					
Driver Class Factor (rated driver #4)					
Driving Record Points Factor	*	*	*	*	*
International License Surcharge	*	*	*	*	*
Developed Average Driver Factor (rounded 2 decimal places)					

**Ranking**

If there are more drivers than vehicles, the Average Driver Factor is the average of the highest ranked drivers, up to the number of vehicles.

On a Liability Only policy, the rank is determined by the average of the BI and PD Factors.

On a Full Coverage policy, the rank is determined by the average of the BI, PD, COMP, and COLL Factors.

The following calculation is done for each driver to determine the rank.

<b>Liab Only - (BI+PD)/2</b> <b>Full Coverage - (BI+PD+COMP+COLL)/4</b>	Rated Driver #1	Rated Driver #2	Rated Driver #3	Rated Driver #4
Driver Class Factor				
Driving Record Points Factor	*	*	*	*

INSUREMAX INSURANCE COMPANY

<b>SURCHARGE FACTORS</b>	<b>FACTOR</b>	
International License Surcharge	33% / 91%	BI, PD, PIP / COMP COLL



**ARKANSAS POINT ASSIGNMENT**

MVR Code Description	Proposed		Current	
	InsureMax Points		InsureMax Points	
	First Occurrence	Each Additional	First Occurrence	Each Additional
<b>Accident</b>				
Accident - At Fault	4	4	4	4
Accident - With a Pedestrian	4	4	4	4
Negligent Collision	4	4	4	4
Accident - Not At Fault	0	0	0	0
<b>Alcohol/Drugs</b>				
Alcohol/Drug Related Violation	2	6	2	6
<b>Insurance Related</b>				
Comprehensive Claim >= \$1000	0	0	0	0
Comprehensive Claim < \$1000	0	0	0	0
Conviction of Insurance Fraud	4	4	4	4
No Liability Insurance in Force	1	2	2	2
SR-22 Filing Required	0	0	0	0
<b>License Related</b>				
Driving with an Expired License	1	2	2	2
Driving without a License or Permit	2	2	2	2
Duplicate Driver's License	2	2	2	2
No Driver's License	2	2	2	2
No Motorcycle Qualification	2	2	2	2
Operating Out Of Class	2	2	2	2
Violate Driver's License Restrictions	2	2	2	2
Driving with Revoked/Suspended License	3	3	3	3
Fail to Display Driver's License	4	4	4	4
Operating During Life Suspension	4	4	4	4
Display Altered/Counterfeit Driver's License	4	4	4	4
Display Another Person's Driver's License	4	4	4	4
False License or Registration	4	4	4	4
Loan Driver's License to Another	4	4	4	4
No Chauffeur's License	4	4	4	4
Obtain License by Misrepresentation	4	4	4	4
Unverifiable Driving Record	4	N/A	4	N/A
<b>Major Violations</b>				
Aggravated Assault with an Auto	4	5	4	5
Altered or Forged VIN	4	5	4	5
Careless & Imprudent Driving	4	5	4	5
Criminal Negligence	4	5	4	5
Drag Racing	4	5	4	5
Eluding Police Officer	4	5	4	5
Felony Involving Motor Veh	4	5	4	5
Homicide with a Motor Vehicle	4	5	4	5
Leaving Scene Of Accident	4	5	4	5
Negligent Driving	4	5	4	5
Reckless Driving	4	5	4	5
Passing a Stopped School Bus	4	5	4	5
Speeding in a School Zone	4	5	4	5
Stealing Auto	4	5	4	5
Vehicular Injury	4	5	4	5
Vehicular Manslaughter	4	5	4	5
<b>Minor Violations</b>				
All Other Non-Moving	0	0	0	0
All Other Moving	1	2	1	2
Allow Unlawful Operation of Vehicle	1	2	1	2
Allow Unlicensed Driver to Drive	1	2	1	2
Avoiding Traffic-control Device	1	2	1	2
Backing Improperly	1	2	1	2
Bus/Car Pool/Hov - Lane Violation	1	2	1	2
Changed Lanes When Unsafe	1	2	1	2
Changing Driver in Moving Vehicle	1	2	1	2
Coasting with Gears Disengaged	1	2	1	2
Crossing Center Median	1	2	1	2
Crossing Divided Highway	1	2	1	2
Crossing Yellow Line	1	2	1	2
Disobey Police Officer	1	2	1	2
Disregard No Passing Zone	1	2	1	2
Disregard of Safety	1	2	1	2
Drive Left of Center	1	2	1	2
Driver's View Obstructed	1	2	1	2
Driving on Left Side of Roadway	1	2	1	2

**ARKANSAS POINT ASSIGNMENT**

MVR Code Description	Proposed		Current	
	InsureMax Points		InsureMax Points	
	First Occurrence	Each Additional	First Occurrence	Each Additional
Driving on Shoulder	1	2	1	2
Driving on Sidewalk or Parkway	1	2	1	2
Driving on Wrong Side of Road	1	2	1	2
Driving over Fire Hose	1	2	1	2
Driving through Safety Zone	1	2	1	2
Driving Too Fast for Conditions	1	2	1	2
Driving Too Slow for Conditions	1	2	1	2
Driving without Owner's Consent	1	2	1	2
Drove Wrong Way on One-Way Street	1	2	1	2
Driving Under Minimum Speed Limit	1	2	1	2
Equipment Related Violation	1	2	1	2
Excessive Violation	1	2	1	2
Fail to Control Speed	1	2	1	2
Fail to Control Vehicle	1	2	1	2
Fail to Exchange Info after Accident	1	2	1	2
Fail to Give Stop or Turn Signal	1	2	1	2
Fail to Pay Toll	1	2	1	2
Fail to Stop for Approaching Train	1	2	1	2
Fail to Stop for Railroad Crossing	1	2	1	2
Fail to Stop for Red Light	1	2	1	2
Fail to Stop for Stop Sign	1	2	1	2
Fail to Wear Seat Belt	1	2	1	2
Fail to Yield (Pedestrian)	1	2	1	2
Fail to Yield Right-of-Way	1	2	1	2
Fail to Yield to Emergency Vehicle	1	2	1	2
Failure of Duty	1	2	1	2
Failure to Dim Headlights	1	2	1	2
Failure to Keep Right	1	2	1	2
Failure to Sound Horn	1	2	1	2
Following Improperly	1	2	1	2
Following Too Close	1	2	1	2
Giving Improper Signal	1	2	1	2
Illegal Pass on Right	1	2	1	2
Impeding Traffic Movement	1	2	1	2
Improper Driving	1	2	1	2
Improper Entering/Leaving Turnpike	1	2	1	2
Improper Merging Into Traffic	1	2	1	2
Improper Passing	1	2	1	2
Improper Start	1	2	1	2
Improper Towing or Pushing of Vehicle	1	2	1	2
Improper Use of Lane	1	2	1	2
Increase Speed While Being Passed	1	2	1	2
Leave Vehicle with Engine Running	1	2	1	2
Light Violations (Head, Tail, etc)	1	2	1	2
Motor Vehicle Inspection Violation	1	2	1	2
Motorcycle Equipment Violation	1	2	1	2
Operating Where Prohibited	1	2	1	2
Operating with Defective Equipment	1	2	1	2
Overheight Vehicle	1	2	1	2
Overlength Vehicle	1	2	1	2
Parking on Roadway	1	2	1	2
Prohibited U-Turn	1	2	1	2
Protective Head Gear Violation	1	2	1	2
Speeding	1	1	1	1
Squealing or Screeching Tires	1	2	1	2
Turned Across Divided Section	1	2	1	2
Turned When Unsafe	1	2	1	2
Unrestrained Child	1	2	1	2
Unsafe Operator	1	2	1	2
Unsafe Speed	1	2	1	2
Unsafe Start, Park, Stop, Standing	1	2	1	2
Vehicle Emissions Suspension	1	2	1	2
Violating Safety Zone	1	2	1	2
Violation of Instruction Permit	1	2	1	2
Wrong Direction Around Traffic Island	1	2	1	2
Wrong Direction Divided Street	1	2	1	2

## DISCOUNTS

Discounts requiring documentation will be added the date the documentation is received by InsureMax Insurance Company.

**Discounts cannot be backdated.**

Discount	Description	Documentation Required
Homeowner	Insureds who are homeowners, including mobile homes, qualify for a discount on their auto policy.	Declarations sheet from homeowner's policy, copy of deed, mortgage payment book or coupon, escrow statement, tax appraisal, or other document showing home ownership must be submitted.
Multi-Car	Applied to liability and physical damage premiums when more than one vehicle is insured on the same policy.	None
College Graduate	Applied to all applicable premiums for unmarried operators under the age of 25 who are a college graduate with a grade average of "B" or higher or at least a 3 point average on a 4 point scale (or equivalent).	<b>A copy of the College or University Transcript must accompany the application.</b>
Defensive Driver	Applied to all applicable premiums if the applicant, age 55 or over, has successfully completed a state-approved traffic safety course within the last 36 months and remains accident and violation free.	<b>A copy of the certificate must accompany the application.</b>
Paid-In-Full	A discount will be applied to the policy when premium is paid in full.	None
Prior Insurance	Applied to policies with prior insurance. The named insured must provide documentation showing that he/she had private passenger automobile liability insurance and that the policy: <ul style="list-style-type: none"> <li>Covered the named insured or their spouse.</li> <li>Provided six (6) months of continuous coverage with up to 15 day lapse.</li> <li>Was not issued by InsureMax Insurance Company.</li> </ul>	<b>Proof of prior insurance must be submitted within 20 days of the effective date of the application.</b> Declaration pages, company-issued ID cards with policy effective and expiration dates, renewal notices, or non-renewal notices will be accepted as proof of prior insurance.
Renewal	Applied to policies without prior insurance discount upon renewal provided: <ul style="list-style-type: none"> <li>The policy is claim free in the prior term.</li> </ul>	None

## SURCHARGES

Surcharge	Description
Business Use	A surcharge will apply to all coverages for all vehicles used for an acceptable business use. <b>BUSINESS USE GUIDELINES</b> 1. Vehicles must be individually owned and titled. 2. Only the named insured can operate the vehicle. The following are acceptable business uses: 1. Sales representative, excluding realtor or delivery service. 2. Clergy 3. Artisans who use their vehicle to carry tools and supplies to and from a work site. 4. Anyone working in the construction trade. 5. In-home caregivers, i.e. home nurses. <b>Any business use other than above is unacceptable.</b>
High Performance	A surcharge will apply to vehicles that are designated as high performance in MaxRater.
International Driver's License	A surcharge will apply to drivers with an International Driver's License.
Unacceptable Risk	If the policy becomes unacceptable based on existing underwriting guidelines, the policy will automatically receive a 100% surcharge for all coverages effective the date of change.

## DRIVER INFORMATION

### DRIVER CLASSIFICATION AND REQUIREMENTS

- An **Operator** is a resident of the insured's household or any other person who drives any insured automobile.
- A **Married operator** is a person who is married or deemed legally married by state law and living with spouse (widowed, separated, divorced, or same-sex relationship should be rated as a single person).
- The named insured must be the registered owner of the insured vehicle(s). The named insured must sign the application and all coverage rejections. Additional vehicle owners can be listed as primary drivers or additional interests. If the owner of the insured vehicle is a minor, a parent or guardian's name and signature must precede the owner's name.
- All household residents who are 15 years of age or older and any other operators of the insured vehicles must be listed on the application.
- All drivers with learner's permits will be considered rated drivers unless proof of other insurance is submitted.
- Named Insured's must be 18 years of age or older.

### EXCLUDED OPERATORS

1. A signed driver's exclusion must be completed on any resident of the household who is not to be considered in the rating of the policy.
2. Parents of the named insured who are of driving age and have never been licensed need not be excluded. This does not apply to spouses or youthful operators.
3. The named insured cannot be excluded.
4. Unless rated as a primary driver on the policy, all children of the named insured 15 years of age or older with or without a license must be excluded.
5. All household members 15 years of age or older will be rated unless otherwise excluded as outlined above.

### INTERNATIONAL DRIVER'S LICENSES

1. Policies can be provided for insureds with international driver's licenses.
2. Insureds will be required to submit a copy of the valid international driver's license in order to maintain the policy.
3. Insureds with international driver's licenses will be **surcharged** because we cannot verify their driving record for the last 35 months.
4. All insureds with international driver's licenses should be asked to provide a copy of a valid Arkansas license to comply with state statutes. The **surcharge** will be removed effective the date the copy of the valid license is received.

## CANCELLATIONS

1. Policies cannot be canceled flat unless the payer does not honor the insured's premium remittance. If the remittance is not honored, proof of this must be sent to the Company along with the cancellation request. The credit process can be expedited by entering information to [www.insuremax.net](http://www.insuremax.net) and then sending proof of the returned payment.
2. If the Company receives the insured's written cancellation request, a cancellation fee will be charged. Any return of premium will be calculated on a pro-rata basis. The effective date of cancellation will be the later of the date signed by the insured or the date requested provided we receive the request within 72 hours. If there is a loss payee, a written release must also be received before the cancellation is effective. Otherwise, the Company will mail notice of cancellation and this notice will determine the cancellation date.
3. Cancellations for non-payment of premium will be considered as insured's request and will incur a Cancellation Fee.
4. State law requires that the Company give legal notice for all policies with SR-22 filings unless proof of new coverage with a proper SR-22 filing is submitted.
5. Backdated cancellations are not permitted for any reason.
6. Refunds due will be mailed out in a reasonable amount of time, typically 2-3 weeks after the policy cancels for insured requested cancellations.

### COMPANY-ISSUED CANCELLATIONS

Please contact the Company for specific information and payment amount needed to reinstate policies that have been cancelled for underwriting reasons.

## REINSTATEMENTS

1. If the installment payment is not received when due, a cancellation notice will be sent after the due date. This will be the only notice before the policy cancels.
2. Payments sent to the Company after a policy has cancelled will be processed as follows:
  - a. Adequate payments postmarked or accepted by an agent within seven (7) days of the policy cancellation will be used to reinstate the policy as of the cancellation date when accompanied by a Continuous Coverage Reinstatement Request Form.
  - b. Without a Continuous Coverage Reinstatement Request Form, adequate payments postmarked or accepted by an agent within seven (7) days of the policy cancellation will be reinstated with a lapse in coverage. Coverage will be reinstated one day after the postmark on the payment envelope.
  - c. Adequate payments postmarked or accepted by an agent eight (8) to thirty (30) days after the policy cancellation will be used to reinstate the policy with a lapse in coverage. Coverage can be reinstated at the date and time of the payment when a Lapse-In-Coverage Reinstatement Request Form is signed. Otherwise, coverage is reinstated one day after the postmark date on the payment envelope.
  - d. Adequate payments received more than thirty (30) days after the policy cancellation will be used to rewrite the policy. A new policy number will be assigned and the current rates will be used to determine the premium amount. Discounts and surcharges may vary from the original policy.
  - e. After a policy has been cancelled for forty-five (45) days, a new application and down payment must be submitted to bind coverage. A new policy number will be assigned and the current rates will be used to determine the premium amount. Discounts and surcharges may vary from the original policy.
  - f. Installment payments received in the last **twelve (12)** days of a six-month policy term will be used to rewrite the policy.
3. The Company reserves the right to deny a request for reinstatement or rewrite depending on any adverse risk characteristics.

### AUTOPAY PLAN REINSTATEMENT REQUIREMENTS

- Any policy using the AutoPay Plan that is cancelled or rescinded due to a payment not being honored by the financial institution must be rewritten or reinstated as a Direct Bill policy.
- After a Cancellation Notice has been issued for underwriting reasons, a policy can only be reinstated when:
  - The insured submits acceptable documentation for the missing underwriting information prior to the cancellation date and time.
  - The insured makes any payments due, including any applicable fees.
- Payments and information received after the cancellation date and time will be used to rewrite the policy.

SERFF Tracking Number: INMX-125473737

State: Arkansas

Filing Company: InsureMax Insurance Company

State Tracking Number: #8226 \$125

Company Tracking Number: 11AR0208

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: AR Rate Revision 2-08

Project Name/Number: /

## Supporting Document Schedules

<b>Satisfied -Name:</b>	APCS-Auto Premium Comparison Survey	<b>Review Status:</b>	Filed	02/21/2008
<b>Comments:</b>				
<b>Attachment:</b>	10922IDInsureMaxInsCo08Survey 02-26-08.pdf			
<b>Satisfied -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b>	Filed	02/21/2008
<b>Comments:</b>				
<b>Attachment:</b>	FORM RF-1 Rate Filing Abstract 0208.pdf			
<b>Bypassed -Name:</b>	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	<b>Review Status:</b>	Filed	02/21/2008
<b>Bypass Reason:</b>	N/A			
<b>Comments:</b>				
<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Filed	02/21/2008
<b>Comments:</b>				
<b>Attachment:</b>	Initial Filing Transmittal Document 0208.pdf			
<b>Satisfied -Name:</b>	Competitive Analysis	<b>Review Status:</b>	Filed	02/21/2008
<b>Comments:</b>				
<b>Attachments:</b>	AR Competitive Support 02-26-08 Revision - 72701.pdf AR Competitive Support 02-26-08 Revision - 72722.pdf			

SERFF Tracking Number: INMX-125473737

State: Arkansas

Filing Company: InsureMax Insurance Company

State Tracking Number: #8226 \$125

Company Tracking Number: 11AR0208

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: AR Rate Revision 2-08

Project Name/Number: /

**Review Status:**

**Satisfied -Name:** Cover Letter

Filed

02/21/2008

**Comments:**

**Attachment:**

AR Rate Revision 020608 Filing Letter.pdf

**Review Status:**

**Satisfied -Name:** Response Letter

Filed

02/21/2008

**Comments:**

**Attachment:**

AR Rate Revision 021908 Response Letter.pdf



### NAIC LOSS COST DATA ENTRY DOCUMENT

<b>1.</b>	This filing transmittal is part of Company Tracking #	<b>11AR0208</b>
-----------	---	-----------------

<b>2.</b>	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	
-----------	---	--

	Company Name		Company NAIC Number
<b>3.</b>	<b>A.</b>	<b>InsureMax Insurance Company</b>	<b>B.</b> <b>10922</b>

	Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
<b>4.</b>	<b>A.</b>	<b>19.0 Personal Auto</b>	<b>B.</b> <b>19.0001 Private Passenger Auto (PPA)</b>

<b>5.</b>			FOR LOSS COSTS ONLY				
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
COVERAGE (See Instructions)	Indicated % Rate Level Change	Requested % Rate Level Change	Expected Loss Ratio	Loss Cost Modification Factor	Selected Loss Cost Multiplier	Expense Constant (If Applicable)	Co. Current Loss Cost Multiplier
<b>BI</b>		<b>1.74%</b>					
<b>PD</b>		<b>1.55%</b>					
<b>COMP</b>		<b>.84%</b>					
<b>COLL</b>		<b>-.61%</b>					
<b>MP</b>		-					
<b>UM</b>		-					
<b>UMPD</b>		-					
TOTAL OVERALL EFFECT		<b>1.45%</b>					

<b>6.</b>	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
<b>2007</b>	<b>1,064</b>	<b>-.7%</b>	<b>6/18/07</b>	<b>255,393</b>	<b>138,778</b>	<b>78.26%</b>	<b>74.16%</b>
<b>2008</b>	<b>1,023</b>	<b>4.15</b>	<b>1/22/08</b>	<b>527,316</b>	<b>348,505</b>	<b>66.10%</b>	<b>69.31%</b>

<b>7.</b>	Expense Constants	Selected Provisions
	A. Total Production Expense	
	B. General Expense	
	C. Taxes, License & Fees	
	D. Underwriting Profit & Contingencies	
	E. Other (explain)	
	F. TOTAL	

- 8.**        Apply Lost Cost Factors to Future filings? (Y or N)
- 9.**   7.62%   Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable):   13
- 10.**  -13.4%  Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable):   28

## Property & Casualty Transmittal Document (Revised 1/1/06)

**1. Reserved for Insurance Dept. Use Only**

<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 #

<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: _____
14. Effective Date(s) Requested	New:    _____    Renewal:    _____

## Property & Casualty Transmittal Document---

<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>16.</b>	<b>Reference Organization</b> (if applicable)	
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	
<b>18.</b>	<b>Company's Date of Filing</b>	
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved
<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	

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

<b>22.</b>	<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]
	<p><b>Check #:</b></p> <p><b>Amount:</b></p>  <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>
	<p><b>***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)</b></p>

## 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>				
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			[ ] New [ ] Replacement [ ] Withdrawn		
02			[ ] New [ ] Replacement [ ] Withdrawn		
03			[ ] New [ ] Replacement [ ] Withdrawn		
04			[ ] New [ ] Replacement [ ] Withdrawn		
05			[ ] New [ ] Replacement [ ] Withdrawn		
06			[ ] New [ ] Replacement [ ] Withdrawn		
07			[ ] New [ ] Replacement [ ] Withdrawn		
08			[ ] New [ ] Replacement [ ] Withdrawn		
09			[ ] New [ ] Replacement [ ] Withdrawn		
10			[ ] New [ ] Replacement [ ] Withdrawn		





<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>			
		<b>COMPANY USE</b>	<b>STATE USE</b>
5a.	<b>Overall percentage rate impact for this filing</b>		
5b.	<b>Effect of Rate Filing – Written premium change for this program</b>		
5c.	<b>Effect of Rate Filing – Number of policyholders affected</b>		
6.	<b>Overall percentage of last rate revision</b>		
7.	<b>Effective Date of last rate revision</b>		
8.	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>		
9.	<b>Rule # or Page # Submitted for Review</b>	<b>Replacement or Withdrawn?</b>	<b>Previous state filing number, if required by state</b>
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	

# InsureMax Arkansas Competitive Analysis RR 02/26/08

<b>Coverages:</b> BI/PD: 25/50/25 UM/UIM: 25/50 / 25/50 UMPD: 25 \$200 Deduct PIP Medical Payments: \$5000 PIP Income Loss: Statutory PIP Accidental Death: \$5000 Comp & Coll Deduct: \$500  <b>Vehicle:</b> 2000 Toyota Camry CE <b>City, Zip Code, Territory:</b> Fayetteville, 72701, 29  <b>Driver Class:</b> SM35 <b>Prior Insurance:</b> None <b>Days Lapse:</b> +30 Days	<b>COV</b>	<b>INSUREMAX Proposed Rates (02/26/08)</b>	<b>Insuremax 01/22/2008</b>	<b>Alfa Vision Ultra 06/27/2007</b>	<b>AMC Auto Custom 10/01/2004</b>	<b>Dairyland 06/06/2007</b>	<b>Equity Insurance Company 08/01/2006</b>	<b>Phoenix 09/29/2007</b>	<b>Sagamore Merit 02/01/2007</b>
<b>Violation(s):</b> Clean Record  <b>Points:</b> 0	BI	134	134	115	147	198	264	122	185
	PD	131	131	133	139	168	0	125	177
	Policy Fee	10	10	38	10	0	10	20	25
	<b>Liab Only</b>	<b>275</b>	<b>275</b>	<b>286</b>	<b>296</b>	<b>366</b>	<b>274</b>	<b>267</b>	<b>387</b>
	UM	28	28	31	23	72	54	52	26
	UIM	25	25	27	21	12	0	0	16
	UMPD	31	31	28	26	54	30	29	45
	PIP	252	252	262	44	96	101	119	138
	Comp.	236	236	94	186	192	174	173	204
	Coll.	480	480	270	378	738	312	306	344
<b>Total</b>	<b>1327</b>	<b>1327</b>	<b>998</b>	<b>974</b>	<b>1530</b>	<b>945</b>	<b>946</b>	<b>1160</b>	
<b>Violation(s):</b> Violations:  <b>Points:</b> None  <b>Surcharge:</b> International License Surcharge	BI	178	166	130	N/A	N/A	396	183	N/A
	PD	175	164	150	N/A	N/A	0	188	N/A
	Policy Fee	10	10	38	N/A	N/A	10	20	N/A
	<b>Liab Only</b>	<b>363</b>	<b>340</b>	<b>318</b>	<b>N/A</b>	<b>N/A</b>	<b>406</b>	<b>391</b>	<b>N/A</b>
	UM	28	28	31	N/A	N/A	54	52	N/A
	UIM	25	25	27	N/A	N/A	0	0	N/A
	UMPD	31	31	28	N/A	N/A	30	29	N/A
	PIP	252	347	262	N/A	N/A	101	119	N/A
	Comp.	451	393	106	N/A	N/A	174	173	N/A
	Coll.	918	1005	301	N/A	N/A	462	459	N/A
<b>Total</b>	<b>2068</b>	<b>2169</b>	<b>1073</b>	<b>N/A</b>	<b>N/A</b>	<b>1227</b>	<b>1223</b>	<b>N/A</b>	
<b>Violation(s):</b> 1 No Liability Insurance  <b>Points:</b> 1	BI	149	158	115	147	198	276	122	195
	PD	146	153	133	139	168	0	125	186
	Policy Fee	10	10	38	10	0	10	20	25
	<b>Liab Only</b>	<b>305</b>	<b>321</b>	<b>286</b>	<b>296</b>	<b>366</b>	<b>286</b>	<b>267</b>	<b>406</b>
	UM	28	28	31	23	72	54	52	26
	UIM	25	25	27	21	12	0	0	16
	UMPD	31	31	28	26	54	30	29	45
	PIP	292	332	262	44	96	101	119	138
	Comp.	281	346	94	186	192	174	173	204
	Coll.	721	931	270	378	738	324	306	362
<b>Total</b>	<b>1683</b>	<b>2014</b>	<b>998</b>	<b>974</b>	<b>1530</b>	<b>969</b>	<b>946</b>	<b>1197</b>	

# InsureMax Arkansas Competitive Analysis RR 02/26/08

<b>Coverages:</b> BI/PD: 25/50/25 UM/UIM: 25/50 / 25/50 UMPD: 25 \$200 Deduct PIP Medical Payments: \$5000 PIP Income Loss: Statutory PIP Accidental Death: \$5000 Comp & Coll Deduct: \$500  <b>Vehicle:</b> 2000 Toyota Camry CE <b>City, Zip Code, Territory:</b> Fayetteville, 72701, 29  <b>Driver Class:</b> SM35 <b>Prior Insurance:</b> None <b>Days Lapse:</b> +30 Days	<b>COV</b>	<b>INSUREMAX Proposed Rates (02/26/08)</b>	<b>Insuremax 01/22/2008</b>	<b>Alfa Vision Ultra 06/27/2007</b>	<b>AMC Auto Custom 10/01/2004</b>	<b>Dairyland 06/06/2007</b>	<b>Equity Insurance Company 08/01/2006</b>	<b>Phoenix 09/29/2007</b>	<b>Sagamore Merit 02/01/2007</b>
<b>Violation(s):</b> 2 No Liability Insurance  <b>Points:</b> 3	BI	166	189	115	147	198	288	122	213
	PD	164	184	133	139	168	0	125	204
	Policy Fee	10	10	38	10	0	10	20	25
	<b>Liab Only</b>	<b>340</b>	<b>383</b>	<b>286</b>	<b>296</b>	<b>366</b>	<b>298</b>	<b>267</b>	<b>442</b>
	UM	28	28	31	23	72	54	52	26
	UIM	25	25	27	21	12	0	0	16
	UMPD	31	31	28	26	54	30	29	45
	PIP	347	368	262	44	96	101	119	138
	Comp.	393	416	94	186	192	174	173	204
	Coll.	1005	1094	270	378	738	336	306	396
<b>Total</b>	<b>2169</b>	<b>2345</b>	<b>998</b>	<b>974</b>	<b>1530</b>	<b>993</b>	<b>946</b>	<b>1267</b>	
<b>Violation(s):</b> 1 Driving While Expired  <b>Points:</b> 1	BI	149	158	115	165	198	336	122	213
	PD	146	153	133	156	168	0	125	204
	Policy Fee	10	10	38	10	0	10	20	25
	<b>Liab Only</b>	<b>305</b>	<b>321</b>	<b>286</b>	<b>331</b>	<b>366</b>	<b>346</b>	<b>267</b>	<b>442</b>
	UM	28	28	31	26	72	54	52	26
	UIM	25	25	27	24	12	0	0	16
	UMPD	31	31	28	29	54	30	29	45
	PIP	292	332	262	49	96	101	119	138
	Comp.	281	346	94	186	192	174	173	204
	Coll.	721	931	270	422	738	396	306	396
<b>Total</b>	<b>1683</b>	<b>2014</b>	<b>998</b>	<b>1067</b>	<b>1530</b>	<b>1101</b>	<b>946</b>	<b>1267</b>	
<b>Violation(s):</b> 2 Driving While Expired  <b>Points:</b> 3	BI	166	189	115	182	198	396	122	232
	PD	164	184	133	172	168	0	125	221
	Policy Fee	10	10	38	10	0	10	20	25
	<b>Liab Only</b>	<b>340</b>	<b>383</b>	<b>286</b>	<b>364</b>	<b>366</b>	<b>406</b>	<b>267</b>	<b>478</b>
	UM	28	28	31	29	72	54	52	26
	UIM	25	25	27	26	12	0	0	16
	UMPD	31	31	28	32	54	30	29	45
	PIP	347	368	262	54	96	101	119	138
	Comp.	393	416	94	186	192	174	173	204
	Coll.	1005	1094	270	469	738	462	306	430
<b>Total</b>	<b>2169</b>	<b>2345</b>	<b>998</b>	<b>1160</b>	<b>1530</b>	<b>1227</b>	<b>946</b>	<b>1337</b>	

# InsureMax Arkansas Competitive Analysis RR 02/26/08

<b>Coverages:</b> BI/PD: 25/50/25 UM/UIM: 25/50 / 25/50 UMPD: 25 \$200 Deduct PIP Medical Payments: \$5000 PIP Income Loss: Statutory PIP Accidental Death: \$5000 Comp & Coll Deduct: \$500  <b>Vehicle:</b> 2000 Toyota Camry CE <b>City, Zip Code, Territory:</b> Decatur, 72722, 28  <b>Driver Class:</b> SM35 <b>Prior Insurance:</b> None <b>Days Lapse:</b> +30 Days	<b>COV</b>	<b>INSUREMAX Proposed Rates (02/26/08)</b>	<b>Insuremax 01/22/2008</b>	<b>Alfa Vision Ultra 06/27/2007</b>	<b>AMC Auto Custom 10/01/2004</b>	<b>Dairyland 06/06/2007</b>	<b>Equity Insurance Company 08/01/2006</b>	<b>Phoenix 09/29/2007</b>	<b>Sagamore Merit 02/01/2007</b>
<b>Violation(s):</b> Clean Record  <b>Points:</b> 0	BI	134	154	167	141	198	264	122	178
	PD	131	152	182	135	168	0	125	169
	Policy Fee	10	10	38	10	0	10	20	25
	<b>Liab Only</b>	<b>275</b>	<b>316</b>	<b>387</b>	<b>286</b>	<b>366</b>	<b>274</b>	<b>267</b>	<b>372</b>
	UM	28	28	31	23	72	54	52	26
	UIM	25	25	27	21	12	0	0	16
	UMPD	31	31	28	26	54	30	29	45
	PIP	252	252	262	44	96	101	119	133
	Comp.	246	246	107	186	192	174	173	201
	Coll.	500	500	264	378	738	312	306	338
	<b>Total</b>	<b>1357</b>	<b>1398</b>	<b>1106</b>	<b>964</b>	<b>1530</b>	<b>945</b>	<b>946</b>	<b>1131</b>
<b>Violation(s):</b> Violations:  <b>Points:</b> None  <b>Surcharge:</b> International License Surcharge	BI	178	190	189	N/A	N/A	396	183	N/A
	PD	175	190	205	N/A	N/A	0	188	N/A
	Policy Fee	10	10	38	N/A	N/A	10	20	N/A
	<b>Liab Only</b>	<b>363</b>	<b>390</b>	<b>432</b>	<b>N/A</b>	<b>N/A</b>	<b>406</b>	<b>391</b>	<b>N/A</b>
	UM	28	28	31	N/A	N/A	54	52	N/A
	UIM	25	25	27	N/A	N/A	0	0	N/A
	UMPD	31	31	28	N/A	N/A	30	29	N/A
	PIP	252	347	262	N/A	N/A	101	119	N/A
	Comp.	470	410	121	N/A	N/A	174	173	N/A
	Coll.	956	1047	295	N/A	N/A	462	459	N/A
	<b>Total</b>	<b>2125</b>	<b>2278</b>	<b>1196</b>	<b>N/A</b>	<b>N/A</b>	<b>1227</b>	<b>1223</b>	<b>N/A</b>
<b>Violation(s):</b> 1 No Liability Insurance  <b>Points:</b> 1	BI	149	181	167	141	198	276	122	186
	PD	146	177	182	135	168	0	125	178
	Policy Fee	10	10	38	10	0	10	20	25
	<b>Liab Only</b>	<b>305</b>	<b>368</b>	<b>387</b>	<b>286</b>	<b>366</b>	<b>286</b>	<b>267</b>	<b>389</b>
	UM	28	28	31	23	72	54	52	26
	UIM	25	25	27	21	12	0	0	16
	UMPD	31	31	28	26	54	30	29	45
	PIP	292	332	262	44	96	101	119	133
	Comp.	293	361	107	186	192	174	173	201
	Coll.	751	970	264	378	738	324	306	355
	<b>Total</b>	<b>1725</b>	<b>2115</b>	<b>1106</b>	<b>964</b>	<b>1530</b>	<b>969</b>	<b>946</b>	<b>1165</b>

# InsureMax Arkansas Competitive Analysis RR 02/26/08

<b>Coverages:</b> BI/PD: 25/50/25 UM/UIM: 25/50 / 25/50 UMPD: 25 \$200 Deduct PIP Medical Payments: \$5000 PIP Income Loss: Statutory PIP Accidental Death: \$5000 Comp & Coll Deduct: \$500  <b>Vehicle:</b> 2000 Toyota Camry CE <b>City, Zip Code, Territory:</b> Decatur, 72722, 28  <b>Driver Class:</b> SM35 <b>Prior Insurance:</b> None <b>Days Lapse:</b> +30 Days	<b>COV</b>	<b>INSUREMAX Proposed Rates (02/26/08)</b>	<b>Insuremax 01/22/2008</b>	<b>Alfa Vision Ultra 06/27/2007</b>	<b>AMC Auto Custom 10/01/2004</b>	<b>Dairyland 06/06/2007</b>	<b>Equity Insurance Company 08/01/2006</b>	<b>Phoenix 09/29/2007</b>	<b>Sagamore Merit 02/01/2007</b>
<b>Violation(s):</b> 2 No Liability Insurance  <b>Points:</b> 3	BI	166	217	167	141	198	288	122	204
	PD	164	213	182	135	168	0	125	195
	Policy Fee	10	10	38	10	0	10	20	25
	<b>Liab Only</b>	<b>340</b>	<b>440</b>	<b>387</b>	<b>286</b>	<b>366</b>	<b>298</b>	<b>267</b>	<b>424</b>
	UM	28	28	31	23	72	54	52	26
	UIM	25	25	27	21	12	0	0	16
	UMPD	31	31	28	26	54	30	29	45
	PIP	347	368	262	44	96	101	119	133
	Comp.	410	433	107	186	192	174	173	201
	Coll.	1047	1140	264	378	738	336	306	389
<b>Total</b>	<b>2228</b>	<b>2465</b>	<b>1106</b>	<b>964</b>	<b>1530</b>	<b>993</b>	<b>946</b>	<b>1234</b>	
<b>Violation(s):</b> 1 Driving While Expired  <b>Points:</b> 1	BI	149	181	167	158	198	336	122	204
	PD	146	177	182	151	168	0	125	195
	Policy Fee	10	10	38	10	0	10	20	25
	<b>Liab Only</b>	<b>305</b>	<b>368</b>	<b>387</b>	<b>319</b>	<b>366</b>	<b>346</b>	<b>267</b>	<b>424</b>
	UM	28	28	31	26	72	54	52	26
	UIM	25	25	27	24	12	0	0	16
	UMPD	31	31	28	29	54	30	29	45
	PIP	292	332	262	49	96	101	119	133
	Comp.	293	361	107	186	192	174	173	201
	Coll.	751	970	264	422	738	396	306	389
<b>Total</b>	<b>1725</b>	<b>2115</b>	<b>1106</b>	<b>1055</b>	<b>1530</b>	<b>1101</b>	<b>946</b>	<b>1234</b>	
<b>Violation(s):</b> 2 Driving While Expired  <b>Points:</b> 3	BI	166	217	167	175	198	396	122	222
	PD	164	213	182	167	168	0	125	212
	Policy Fee	10	10	38	10	0	10	20	25
	<b>Liab Only</b>	<b>340</b>	<b>440</b>	<b>387</b>	<b>352</b>	<b>366</b>	<b>406</b>	<b>267</b>	<b>459</b>
	UM	28	28	31	29	72	54	52	26
	UIM	25	25	27	26	12	0	0	16
	UMPD	31	31	28	32	54	30	29	45
	PIP	347	368	262	54	96	101	119	133
	Comp.	410	433	107	186	192	174	173	201
	Coll.	1047	1140	264	469	738	462	306	423
<b>Total</b>	<b>2228</b>	<b>2465</b>	<b>1106</b>	<b>1148</b>	<b>1530</b>	<b>1227</b>	<b>946</b>	<b>1303</b>	



4976 SR 261  
Newburgh, IN 47630

Voice: (812) 858-4100  
Fax: (812) 858-4110

Email: [jcapozziello@insuremax.net](mailto:jcapozziello@insuremax.net)  
Web: [www.insuremax.net](http://www.insuremax.net)

February 6, 2008

Ms. Alexa Grissom  
Arkansas Insurance Department  
Property & Casualty Division  
1200 West Third Street  
Little Rock, AR 72201

Re: InsureMax Insurance Company  
Private Passenger Auto – Rates & Rules  
New Business Effective: February 26, 2008  
Renewal Business Effective: March 26, 2008

Dear Ms. Grissom:

Enclosed please find a rate revision filing for InsureMax Insurance Company non-standard private passenger auto program. An overview of the changes follows along with a competitive analysis for the rate changes. The overall total rate change is 1.45%.

We cordially request an effective date of February 26, 2008 for new business and March 26, 2008 for renewal business.

If I can assist in answering any questions or providing any additional information regarding this filing, please contact me by telephone at (877) 858-4100 x277 or by email at [jcapozziello@insuremax.net](mailto:jcapozziello@insuremax.net).

Sincerely,

Jennifer Capozziello  
Product Analyst  
InsureMax Insurance Company  
(877) 858-4100 ext 277  
[jcapozziello@insuremax.net](mailto:jcapozziello@insuremax.net)

## **Arkansas Rate Revision 2/26/08**

### **Summary Of Changes**

To gain greater consistency throughout the state, we are removing the International License violation from the Violation Table and treating it as a flat surcharge.

All adjusted factors are shaded on their respective tables. These are the changes:

#### **Changes to Average Driver Factor Algorithm**

- 1) The Driver Factor is now multiplied by the International License Surcharge to arrive at the Average Driver Factor calculation for each driver by coverage.

#### **Changes to Discounts/ Surcharges**

- 2) The International License Surcharge is 33% to BI/PD/PIP and 91% to Comp/Coll.

#### **Changes to Territory**

- 3) The Territory Definitions table has changed. Territory 28 has lower factors for BI/PD.

#### **Changes to Violations**

- 4) The Points Assignment table has changed. Two violations have decreased point values for the first occurrence. The International License violation has been removed.

## **InsureMax Insurance Company**

### **Arkansas Auto Rates Memorandum**

This filing contains the following items:

<b>Section Name</b>	<b>Page</b>
Rate Factors	5 pages
Underwriting Guidelines	3 pages
Competitive Analysis	4 pages



4976 SR 261  
Newburgh, IN 47630

Voice: (812) 858-4100  
Fax: (812) 858-4110

Email: [jcapozziello@insuremax.net](mailto:jcapozziello@insuremax.net)  
Web: [www.insuremax.net](http://www.insuremax.net)

February 19, 2008

Ms. Alexa Grissom  
Arkansas Insurance Department  
Property & Casualty Division  
1200 West Third Street  
Little Rock, AR 72201

Re: InsureMax Insurance Company  
Private Passenger Auto – Rates & Rules  
New Business Effective: February 26, 2008  
Renewal Business Effective: March 26, 2008  
Company Tracking No.: 11AR0208  
SERFF Tracking No.: INMX-125473737

Dear Ms. Grissom:

Per our telephone conversation, the rate changes included with the above referenced revision were updates to our program change in January 2008. The minor changes include one territory change, two violation point changes, and a modification in how we rate International Driver's Licenses. We apologize for any confusion relating to this revision.

Sincerely,

Todd Schultheis  
President  
InsureMax Insurance Company