

SERFF Tracking Number: SHEL-125568356 State: Arkansas  
First Filing Company: Shelter Mutual Insurance Company, ... State Tracking Number: \$200  
Company Tracking Number: 03MG00208  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: PPA  
Project Name/Number: Rooney/

## Filing at a Glance

Companies: Shelter Mutual Insurance Company, Shelter General Insurance Company

Product Name: PPA SERFF Tr Num: SHEL-125568356 State: Arkansas  
TOI: 19.0 Personal Auto SERFF Status: Closed State Tr Num: \$200  
Sub-TOI: 19.0001 Private Passenger Auto Co Tr Num: 03MG00208 State Status: Fees verified and received (PPA)  
Filing Type: Rule Co Status: Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding  
Disposition Date: 04/08/2008  
Authors: Brian Marcks, Sue Burlingame  
Date Submitted: 04/03/2008 Disposition Status: Filed  
Effective Date Requested (New): 07/27/2008 Effective Date (New): 07/27/2008  
Effective Date Requested (Renewal): 07/27/2008 Effective Date (Renewal):

State Filing Description:

They sent two checks: Ck#1364974 \$100 and Ck# 1011534 \$100.

## General Information

Project Name: Rooney Status of Filing in Domicile:  
Project Number: Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 04/08/2008  
State Status Changed: 04/08/2008 Deemer Date:  
Corresponding Filing Tracking Number:

Filing Description:

This filing revises our Tier Calculator by removing Question 1, Policy Term. The remainder of the questions have been renumbered and the points in the Tier ranges have been adjusted accordingly. There is no revenue impact as a result of this filing.

SERFF Tracking Number: SHEL-125568356 State: Arkansas  
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 Product Name: PPA  
 Project Name/Number: Rooney/

## Company and Contact

### Filing Contact Information

Brian Marcks, Coordinator of Insurance BCMarcks@shelterinsurance.com  
 Department Affairs  
 1817 West Broadway (573) 214-4165 [Phone]  
 Columbia, MO 65218 (573) 446-7317[FAX]

### Filing Company Information

Shelter Mutual Insurance Company CoCode: 23388 State of Domicile: Missouri  
 1817 West Broadway Group Code: Company Type:  
 Columbia, MO 65218 Group Name: State ID Number:  
 (573) 445-8441 ext. [Phone] FEIN Number: 43-0613000  
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Shelter General Insurance Company CoCode: 23361 State of Domicile: Missouri  
 1817 West Broadway Group Code: Company Type:  
 Columbia, MO 65218 Group Name: State ID Number:  
 (573) 445-8441 ext. [Phone] FEIN Number: 43-6031499  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$200.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Shelter Mutual Insurance Company	\$0.00	04/03/2008	
Shelter General Insurance Company	\$0.00	04/03/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
1364974	\$100.00	03/26/2008
1011534	\$100.00	03/26/2008

SERFF Tracking Number: SHEL-125568356 State: Arkansas  
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Product Name: PPA  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	04/08/2008	04/08/2008

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Product Name: PPA  
Project Name/Number: Rooney/

## Disposition

Disposition Date: 04/08/2008  
Effective Date (New): 07/27/2008  
Effective Date (Renewal):  
Status: Filed  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: SHEL-125568356 State: Arkansas  
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 Company Tracking Number: 03MG00208  
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 Product Name: PPA  
 Project Name/Number: Rooney/

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	A-1 Private Passenger Auto Abstract	Filed	Yes
<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>Rate</b>	Tier Calculator	Filed	No

*SERFF Tracking Number:*      *SHEL-125568356*                      *State:*                      *Arkansas*  
*First Filing Company:*      *Shelter Mutual Insurance Company, ...*                      *State Tracking Number:*      *\$200*  
*Company Tracking Number:*      *03MG00208*  
*TOI:*                      *19.0 Personal Auto*                      *Sub-TOI:*                      *19.0001 Private Passenger Auto (PPA)*  
*Product Name:*                      *PPA*  
*Project Name/Number:*                      *Rooney/*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: SHEL-125568356 State: Arkansas  
First Filing Company: Shelter Mutual Insurance Company, ... State Tracking Number: \$200  
Company Tracking Number: 03MG00208  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: PPA  
Project Name/Number: Rooney/

## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Tier Calculator		Replacement	Tier Calculator 7-27-2008.pdf

**SHELTER INSURANCE COMPANIES  
PRIVATE PASSENGER AUTOMOBILE  
ARKANSAS TIER CALCULATOR**

<b>1. BI Limits</b>		
No BI limit needed		3
50/100 or greater		3
Greater than or equal to 25/50 and less than 50/100		0
<b>2. Prior Insurance</b>		
Yes (or no prior insurance needed)		0
No prior insurance with need		-12
<b>3. Minor Violations in the past 3 years</b>		-6 each
<b>4. Serious Violations in the past 3 years</b>		-12 each
<b>5. Major Violations in the past 3 years</b>		-18 each
<b>6. Chargeable accidents in the past 3 years</b>		-12 each
<b>7a. CP Attract Score</b>		
840 +		33
780 - 839		30
755 - 779		27
730 - 754		24
695 - 729		21
665 - 694 (or no score)		18
645 - 664		15
625 - 644		12
600 - 624		9
575 - 599		6
525 - 574		3
< 525		0
<b>7b. Full Years Policy has Been in Force</b>		
10 +		24
6 - 9		18
3 - 5		12
0 - 2		0

*Note: Answer to Question 7 is the larger of the answers to 7(a) and 7(b).*

<b>8. Coverages</b>		
Collision or Comprehensive present or (Current year minus Model year) is greater than or equal to 7		0
Other		-3

**TIER RANGES**

<u>Tier Code</u>	<u>Points</u>
0700	36 and Up
1000	30 - 35
2000	24 - 29
3000	18 - 23
4000	12 - 17
5000	6 - 11
6000	< 6

<i>SERFF Tracking Number:</i>	<i>SHEL-125568356</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Shelter Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>\$200</i>
<i>Company Tracking Number:</i>	<i>03MG00208</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>PPA</i>		
<i>Project Name/Number:</i>	<i>Rooney/</i>		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	A-1 Private Passenger Auto Abstract	<b>Review Status:</b>	Filed	04/08/2008
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**Comments:**

Please see attachments.

**Attachments:**

Ex A-1 PPA Abstract (Mut).pdf  
A-1 Attachment to PPA Abstract (Mut).pdf  
Ex A-1 PPA Abstract (Gen).pdf  
Ex A-1 Attachment to PPA Abstract (Gen).pdf

<b>Bypassed -Name:</b>	APCS-Auto Premium Comparison Survey	<b>Review Status:</b>	Filed	04/08/2008
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**Bypass Reason:** N/A. The change made in this filing has no impact on the premiums shown in this survey.

**Comments:**

<b>Satisfied -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b>	Filed	04/08/2008
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**Comments:**

Please see attachment.

**Attachments:**

Exh RF-1 SM Rate Filing Abstract.pdf  
Exh RF-1 SG Rate Filing Abstract.pdf

<b>Bypassed -Name:</b>	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	<b>Review Status:</b>	Filed	04/08/2008
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**Bypass Reason:** N/A

**Comments:**

<b>Satisfied -Name:</b>	Uniform Transmittal Document-	<b>Review Status:</b>	Filed	04/08/2008
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ARKANSAS INSURANCE DEPARTMENT

FORM A-1 PRIVATE PASSENGER AUTOMOBILE ABSTRACT

Instructions: All questions must be answered. If the answer is "none" or "Not applicable", so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each company if filing for a group. Subsequent private passenger auto rate/rule submissions that do not alter the information contained herein need not include this form.

Company Name Shelter Mutual Insurance Company  
 NAIC # (including group #) 23388

1. Are there any areas in the State of Arkansas in which your company will not write automobile insurance?  Yes  No

If yes, list the areas: However, in order to provide service, we normally do not write business in areas where we do not have agent representation.

2. Do you furnish a market for young drivers?  Yes  No

3. Do you require collateral business to support a youthful driver?  Yes  No

4. Do you insure drivers with an international or foreign driver's license?  Yes  No

5. Specify the percentage you allow in credit or discounts for the following:

a. Driver over 55	<u>0</u> %
b. Good Student Discount	<u>1-25</u> %
c. Multi-car Discount	<u>3.4-23</u> %
d. Accident Free Discount*	<u>10/15</u> %

Please Specify Qualification for Discount:  
10% for 3 years accident free / 15% for 6 years and 10% for New Business with 3 years accident free

e. Anti-Theft Discount	<u>0</u> %
f. Other (specify) <u>See Attached</u>	<u>        </u> %

6. Do you have an installment payment plan for automobile insurance?  Yes  No  
 If so, what is the fee for installment payments? \$12.50

7. Does your company utilize a tiered rating plan?  Yes  No  
 If so, list the programs and percentage difference and current volume for each plan:

Program	Percentage Difference	Volume
<u>See Attached</u>	<u>        </u>	<u>        </u>

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
 Signature  
 Brian Marcks  
 Printed Name  
 Coordinator of Insurance Department Affairs  
 Title  
 (573)214-4165  
 Telephone Number  
 BCMarcks@ShelterInsurance.com  
 Email Address

**SHELTER MUTUAL AUTOMOBILE  
ARKANSAS  
A-1 Attachment**

5. Specify the percentage you allow in credit or discounts for the following:

(f) Other (specify)

Accident Prevention Course	10 %
Driver Training	8.5-10.5 %
Passive Restraint	20/30/40 %
Companion Policy / Life	5/10 %

7. Does your company utilize a tiered rating plan?

If so, list the programs and percentage difference and current volume for each plan:

<b>Program</b>	<b>Percentage Difference</b>		<b>Volume</b>
	<b>Liability</b>	<b>All Other</b>	
Tier 0700	.72	.72	\$21,597,149
Tier 1000	.78	.78	\$31,530,691
Tier 2000	.90	.90	\$20,530,324
Tier 3000	1.04	1.10	\$11,627,586
Tier 4000	1.19	1.25	\$5,046,081
Tier 9996	1.04	1.04	\$4,488,193
Tier 9998	1.00	1.00	\$1,309,436

ARKANSAS INSURANCE DEPARTMENT

FORM A-1 PRIVATE PASSENGER AUTOMOBILE ABSTRACT

Instructions: All questions must be answered. If the answer is "none" or "Not applicable", so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each company if filing for a group. Subsequent private passenger auto rate/rule submissions that do not alter the information contained herein need not include this form.

Company Name Shelter General Insurance Company  
 NAIC # (including group #) 23361

1. Are there any areas in the State of Arkansas in which your company will not write automobile insurance?  Yes  No

If yes, list the areas: However, in order to provide service, we normally do not write business in areas where we do not have agent representation.

2. Do you furnish a market for young drivers?  Yes  No

3. Do you require collateral business to support a youthful driver?  Yes  No

4. Do you insure drivers with an international or foreign driver's license?  Yes  No

5. Specify the percentage you allow in credit or discounts for the following:

a. Driver over 55	<u>0</u> %
b. Good Student Discount	<u>1-25</u> %
c. Multi-car Discount	<u>3.4-23</u> %
d. Accident Free Discount*	<u>10/15</u> %

Please Specify Qualification for Discount:  
10% for 3 years accident free and 15% for 6 years

e. Anti-Theft Discount 0 %

f. Other (specify) See Attached %

6. Do you have an installment payment plan for automobile insurance?  Yes  No

If so, what is the fee for installment payments? \$12.50

7. Does your company utilize a tiered rating plan?  Yes  No

If so, list the programs and percentage difference and current volume for each plan:

Program	Percentage Difference	Volume
<u>See Attached</u>		

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
 Signature  
 Brian Marcks  
 Printed Name  
 Coordinator of Insurance Department Affairs  
 Title  
 (573)214-4165  
 Telephone Number  
 BCMarcks@ShelterInsurance.com  
 Email Address

**SHELTER GENERAL AUTOMOBILE  
ARKANSAS  
A-1 Attachment**

5. Specify the percentage you allow in credit or discounts for the following:

(f) Other (specify)

<u>Accident Prevention Course</u>	<u>10 %</u>
<u>Driver Training</u>	<u>8.5-10.5 %</u>
<u>Passive Restraint</u>	<u>20/30/40 %</u>
<u>Companion Policy / Life</u>	<u>5/10 %</u>

7. Does your company utilize a tiered rating plan?

If so, list the programs and percentage difference and current volume for each plan:

<b>Program</b>	<b>Percentage Difference</b>		<b>Volume</b>
	<b>UM/UIM</b>	<b>All Other</b>	
Tier 5000	1.03	1.03	\$3,992,683
Tier 6000	1.06	1.05	\$2,825,411
Tier 9995	1.00	1.00	\$306,746
Tier 9997	1.04	1.04	\$295,359

**FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT**

<b>1.</b>	This filing transmittal is part of Company Tracking #	03MG00208
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<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	N/A
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Company Name		Company NAIC Number	
<b>3.</b>	<b>A.</b> Shelter Mutual Insurance Company	<b>B.</b>	23388

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Business (i.e., Sub-type of Insurance)	
<b>4.</b>	<b>A.</b> 19.1 and 21.1	<b>B.</b>	19.1000 and 21.1000

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	FOR LOSS COSTS ONLY			
				(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Not Applicable							
<b>TOTAL OVERALL EFFECT</b>							

6. 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
2007	186,703	-5.4	3-22-2007	97,228	55,906	57.5	60.4
2006	181,160	N/A	N/A in 2006	99,146	61,074	61.6	62.4
2005	185,856	-6.1	4-17-2005	104,921	55,499	52.9	55.2
2004	177,152	N/A	N/A in 2004	107,087	56,765	53.0	56.5
2003	173,384	-0.2	10-30-2003	105,450	58,134	55.1	58.7
		+4.7	2-27-2003				

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	17.0/16.9
B. General Expense	6.6/6.6
C. Taxes, Licenses & Fees	3.0/3.0
D. Underwriting Profit & Contingencies	1.1/4.0
E. Other (explain)	
<b>F. TOTAL</b>	<b>27.7/30.5</b>

- 8.** \_\_\_\_\_ Apply Loss Cost Factors to Future filings? (Y or N)
- 9.** \_\_\_\_\_ Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): Not Applicable
- 10.** \_\_\_\_\_ Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): Not Applicable

**FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT**

<b>1.</b>	This filing transmittal is part of Company Tracking #	03MG00208
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<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	N/A
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<b>3.</b>		<b>A.</b>	Company Name	<b>B.</b>	Company NAIC Number
			Shelter General Insurance Company		23361

<b>4.</b>		<b>A.</b>	Product Coding Matrix Line of Business (i.e., Type of Insurance)	<b>B.</b>	Product Coding Matrix Line of Business (i.e., Sub-type of Insurance)
			19.1 and 21.1		19.1000 and 21.1000

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	FOR LOSS COSTS ONLY			
				(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Not Applicable							
<b>TOTAL OVERALL EFFECT</b>							

6. 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
2007	8,146	-5.3	3-22-2007	7,610	4,163	54.7	63.5
2006	9,115	N/A	None in '06	8,469	4,988	58.9	64.0
2005	10,875	-3.5	4-17-2005	8,569	5,281	61.6	83.2
2004	11,887	N/A	None in '04	9,208	5,406	58.7	57.9
2003	11,845	-0.2	10-30-2003	9,341	5,717	61.2	60.0
		+1.5	2-27-2003				

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	15.7/15.8
B. General Expense	7.3/7.3
C. Taxes, Licenses & Fees	3.0/3.0
D. Underwriting Profit & Contingencies	0.6/4.1
E. Other (explain)	
<b>F. TOTAL</b>	<b>26.6/30.2</b>

8. \_\_\_\_\_ Apply Loss Cost Factors to Future filings? (Y or N)
9. \_\_\_\_\_ Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): Not Applicable
10. \_\_\_\_\_ Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): Not applicable

## 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: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>
Shelter Insurance Companies	123

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Shelter Mutual Insurance Company	MO	23388	43-0613000	
Shelter General Insurance Company	MO	23361	43-6031499	

<b>5. Company Tracking Number</b>	<b>03MG00208</b>
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Brian Marcks	Coord of Ins. Dept.	573-214-4165	573-446-7317	BCMarcks@ShelterShelterinsurance.com
	Affairs			

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

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

9. Type of Insurance (TOI)	19.0
10. Sub-Type of Insurance (Sub-TOI)	19.0001
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	<b>Private Passenger Auto - Liability and Physical Damage</b>
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" 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: 07-27-2008      Renewal: 07-27-2008

## Property & Casualty Transmittal Document---

<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" 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>	4-3-2008
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	03MG00208
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<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]
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This filing revises our Tier Calculator by removing Question 1, Policy Term. The remainder of the questions have been renumbered and the points in the Tier Ranges have been adjusted accordingly. There is no revenue impact.

<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> 1364974 and 1011534  <b>Amount:</b> \$200</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

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

## **These pages are informational only and do not need to be submitted with your filings!**

### **Notes for Uniform Property & Casualty Transmittal Document**

#### **DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT**

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
  - a. Date the filing is received by the Insurance Dept.**
  - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
  - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
  - d. Date of Disposition of the filing**—date filing is finished
  - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
  - f. State Filing #:** The number the state assigns to the filing (if applicable).
  - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
  - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix). This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

**14. Effective Date Requested:** This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

**15. Reference Filing:** Yes/No

**16. Reference Organization (if applicable):** The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

**17. Reference Organization Number & Title (if applicable):** This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

**18. Company’s Date of filing:** The date the company sends the filing.

**19. Status of filing in domicile:** Place for the company to show if filing has been filed in domicile and its status.

**20. This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

**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:** Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.

**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.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	03MG00208
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	Not Applicable
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Rate Increase       Rate Decrease       Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	File & Use
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
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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)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
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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
<b>5a.</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b.</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c.</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d.</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	-5.4%
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<b>7.</b>	<b>Effective Date of last rate revision</b>	3-22-2007
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	File & Use
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<b>9.</b>	<b>Rule # or Page # Submitted for Review</b>	<b>Replacement or Withdrawn?</b>	<b>Previous state filing number, if required by state</b>
01	Tier Calculator	<input type="checkbox"/> New <input checked="" 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	

**These pages are informational only and do not need to be submitted with your filings!**

**Notes for Rate/Rule Filing Transmittal**

**DESCRIPTION OF ITEMS IN THE RATE FILING SCHEDULE**

**RATE/RULE FILING SCHEDULE**

**1. This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

**2. This filing corresponds to form filing number:** Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one. **Use check boxes to indicate if this is a rate increase, a rate decrease or rate neutral.**

**3. Filing Method (Prior Approval, File & Use, Flex Band, etc):** This is the review method for which the filing is being submitted. See State Specific Requirements.

**4. Rate Change by Company:** Complete all fields for each company included in the filing.

- **Overall % Indicated Change (when applicable)** - This field is only to be completed when an actuarial indication is included in the filing submission.
- **Overall % Rate Impact** - This is the statewide average percentage change to the accepted rates for the coverages included for each company.
- **Written premium change for this program** - This is the statewide change in written premium based on the proposed overall percentage rate impact for each company.
- **# of policyholders affected for this program** - This is the number of policyholders affected by the overall percentage rate impact for each company.
- **Written premium for this program** - This is the statewide written premium for each company.
- **Maximum % Change & Minimum % Change** – This information should be completed if required by the state to which the filing is being submitted.
  - If all the policyholders get increases, then the maximum change is the largest increase and the minimum change is the smallest increase.
  - If all the policyholders get decreases, then the maximum change is the smallest decrease and the minimum change is the largest decrease.
  - If some of the policyholders get increases and others get decreases, then the maximum change is the largest increase and the minimum change is the largest decrease.

**5a. Overall percentage rate indication (when applicable):** These fields are only to be completed when an actuarial indication is included in the filing submission.

**5b. Overall percentage rate impact for this filing:** This is the statewide average percentage change to the accepted rates for the coverages included in the filing. This field only needs to be completed for group filings.

**5c. Effect of Rate Filing—Written Premium Change for this program:** This is the statewide change in written premium based on the proposed overall percentage rate impact. This field only needs to be completed for group filings.

**5d. Effect of Rate Filing—Number of policyholders affected:** This is the number of policyholders affected by the overall percentage rate impact. This field only needs to be completed for group filings.

**6. Overall percentage of last rate revision:** This is the statewide average of the last percentage change implemented in the state.

**7. Effective Date of last rate revision:** This is the implementation date of the last overall percentage rate impact.

**8. Filing Method of Last Filing (Prior Approval, File & Use, Flex Band, etc):** This is the review method for which the last filing was submitted. See State Specific Requirements.

**9. Rule # or Page # Submitted for Review:** This is the list of changes to the rate/rule manual.

### **To be complete a filing must include the following:**

- A completed Property & Casualty Transmittal Document (PC TD-1).
- A completed Form Filing Schedule Document (PC FFS-1), when applicable. **Do not refer to the body of the filing for the forms listing, unless allowed by state.**
- A completed Rate/Rule Filing Transmittal document (PC RRFS-1), when applicable. **Do not refer to the body of the filing for the forms listing, unless allowed by state.**
- The appropriate state specific requirements.
- The appropriate filing fees, when required.
- A postage-paid, self-addressed envelope large enough to accommodate the return of acknowledgement, as required by state.
- You should refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)