

SERFF Tracking Number: ARKS-125684282 State: Arkansas
Filing Company: 22098 - GRAIN DEALERS MUTUAL INSURANCE COMPANY State Tracking Number: #54170 \$100
Company Tracking Number:
TOI: 09.0 Inland Marine Sub-TOI: 09.0006 Other Personal Inland Marine
Product Name: ISO Adoption
Project Name/Number: /

Filing at a Glance

Company: 22098 - GRAIN DEALERS MUTUAL INSURANCE COMPANY
Product Name: ISO Adoption SERFF Tr Num: ARKS-125684282 State: Arkansas
TOI: 09.0 Inland Marine SERFF Status: Closed State Tr Num: #54170 \$100
Sub-TOI: 09.0006 Other Personal Inland Marine Co Tr Num: State Status: Fees verified and received
Filing Type: Rate/Rule Co Status: Reviewer(s): Becky Harrington, Betty Montesi
Author: Disposition Date: 06/11/2008
Date Submitted: 06/05/2008 Disposition Status: Filed
Effective Date Requested (New): 08/01/2008 Effective Date (New): 08/01/2008
Effective Date Requested (Renewal): Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: ISO Reference Number: PM-2006-RLA1
Reference Title: Advisory Org. Circular:
Filing Status Changed: 06/11/2008
State Status Changed: 06/09/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
PM 2006-RLA1, PM 2004-RLA1, PM 2003-RLC1, PM 2003-RRU03

Company and Contact

Filing Contact Information

NA NA, NA@NA.com

SERFF Tracking Number: ARKS-125684282 State: Arkansas
Filing Company: 22098 - GRAIN DEALERS MUTUAL State Tracking Number: #54170 \$100
INSURANCE COMPANY
Company Tracking Number:
TOI: 09.0 Inland Marine Sub-TOI: 09.0006 Other Personal Inland Marine
Product Name: ISO Adoption
Project Name/Number: /

NA (123) 555-4567 [Phone]
NA, AR 00000

Filing Company Information

22098 - GRAIN DEALERS MUTUAL CoCode: 22098 State of Domicile: Arkansas
INSURANCE COMPANY
No Address Group Code: Company Type:
City, AR 99999 Group Name: State ID Number:
(999) 999-9999 ext. [Phone] FEIN Number: 99-9999999

SERFF Tracking Number: ARKS-125684282

State: Arkansas

Filing Company: 22098 - GRAIN DEALERS MUTUAL
INSURANCE COMPANY

State Tracking Number: #54170 \$100

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Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

Per Company: No

SERFF Tracking Number: ARKS-125684282

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------|------------------|------------|----------------|
| Filed | Becky Harrington | 06/11/2008 | 06/11/2008 |

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Disposition

Disposition Date: 06/11/2008

Effective Date (New): 08/01/2008

Effective Date (Renewal):

Status: Filed

Comment: LC multipliers applicable to future revisions.

| 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: |
|--|------------------------|--|--|----------|------------------------------------|------------------------------------|-----------------------------|
| 22098 - GRAIN DEALERS MUTUAL INSURANCE COMPANY | -15.400% | \$-1,152 | | \$ | % | % | % |

SERFF Tracking Number: ARKS-125684282

State: Arkansas

Filing Company: 22098 - GRAIN DEALERS MUTUAL
INSURANCE COMPANY

State Tracking Number: #54170 \$100

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Product Name: ISO Adoption

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| Item Type | Item Name | Item Status | Public Access |
|----------------------------|---|--------------------|----------------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Filed | Yes |
| Supporting Document | NAIC loss cost data entry document | Filed | Yes |
| Supporting Document | NAIC Loss Cost Filing Document for OTHER than Workers' Comp | Filed | Yes |
| Supporting Document | ARKS-125684282 | | Yes |

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 Product Name: ISO Adoption
 Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Decrease

Overall Percentage of Last Rate Revision:

24.000%

Effective Date of Last Rate Revision:

09/01/2002

Filing Method of Last Filing:

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): |
|--|-----------------------------|------------------------|--|--|----------|------------------------------------|------------------------------------|
| 22098 - GRAIN DEALERS MUTUAL INSURANCE COMPANY | % | -15.400% | \$-1,152 | | | % | % |

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INSURANCE COMPANY

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Product Name: ISO Adoption

Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125684282

06/11/2008

Comments:

Attachment:

ARKS-125684282.pdf

ARKS-125684282

BH



**GRAIN DEALERS MUTUAL
INSURANCE COMPANY**

6201 CORPORATE DRIVE • INDIANAPOLIS, INDIANA 46278 • PHONE 317-388-4500 • FAX 317-295-9434
WEBSITE: www.graindealers.com

54170
100.00

June 3, 2008

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

FILED

JUN 10 2008

**PROPERTY AND CASUALTY
ARKANSAS INSURANCE DEPT.**

NAIC #082 22098
Personal Inland Marine
Rate and Rules

Attention: Property & Casualty Division

Dear Property & Casualty Division:

Grain Dealers Mutual Insurance Company, a member of the Insurance Services Office, hereby notifies you of its adoption of the Personal Inland Marine rates and rules contained in ISO Filing Designation Numbers PM-2006-RLA1, PM-2004-RLA1, PM-2003-RLC1, and PM-2003-RRU03.

Our Company multiplier remains unchanged.

The Company will apply these rates and rules to all policies written on or after August 1, 2008.

Enclosed is an extra copy of this filing, and a self-addressed, postage-paid envelope for your convenience in notifying us of your approval.

Respectfully,

Pamela L. Holliday
State Filings Coordinator
phollida@graindealers.com

PLH/po

Enc. Duplicate #1

RECEIVED

JUN 05 2008

**PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT**

Date: May 14, 2002

Space Reserved For Insurance
Department Use

INSURER RATE FILING
ADOPTION OF RATE SERVICE ORGANIZATION
PROSPECTIVE LOSS COSTS
REFERENCE FILING ADOPTION FORM
FORM RF-2
(4-91)
PAGE 1 OF 3

1. INSURER NAME Grain Dealers Mutual Insurance Company

ADDRESS 1752 N. Meridian St.

P.O. Box 1747

Indianapolis, IN 46206

PERSON RESPONSIBLE FOR FILING Pamela L. Holliday

TITLE State Filings Coordinator TELEPHONE # 1-800-428-7081 ext. 5668

2. INSURER NAIC # 082-22098

3. LINE OF INSURANCE Personal Inland Marine

4. RATE SERVICE ORGANIZATION Insurance Services Office

5. RATE SERVICE ORGANIZATION REFERENCE FILING # PM-2002-RLA1

6. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named rate service organization for this line of insurance. The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs in the captioned Reference Filing.

The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

7. PROPOSED RATE LEVEL CHANGE 24.80% EFFECTIVE DATE September 1, 2002

8. PRIOR RATE LEVEL CHANGE -10.83% EFFECTIVE DATE August 1, 2000

9. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM"
(Use a separate Summary for each insurer-selected loss cost multiplier)

10. CHECK ONE OF THE FOLLOWING:

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

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

RECEIVED

MAY 10 2002

PROPERTY AND CASUALTY DIVISION
ARIZONA INSURANCE DEPARTMENT

MAY 9 2002

2

Becky Harrington

From: Becky Harrington
Sent: Monday, June 09, 2008 11:32 AM
To: phollida@graindealers.com
Subject: Personal Inland Marine Rates and Rules

Pam,

Please provide a copy of the previously filed RF-2 to complete the filing. You may send an electronic version via e-mail if you wish.

Thanks,
Becky Harrington
Sr. Certified Analyst
Property & Casualty Division
(501) 371-2804
(501) 371-2748 fax
E-mail: becky.harrington@arkansas.gov

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| | | |
|-----|---|--|
| 17. | Reference Organization # & Title | PM-2006-RLA1, PM-2004-RLA1, PM-2003-RLC1, and PM-2003-RRU03 |
| 18. | Company's Date of Filing | June 3, 2008 |
| 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 # | N/A |
|-----|--|-----|

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

We are adopting revised loss costs and rules for Arkansas Personal Inland Marine.

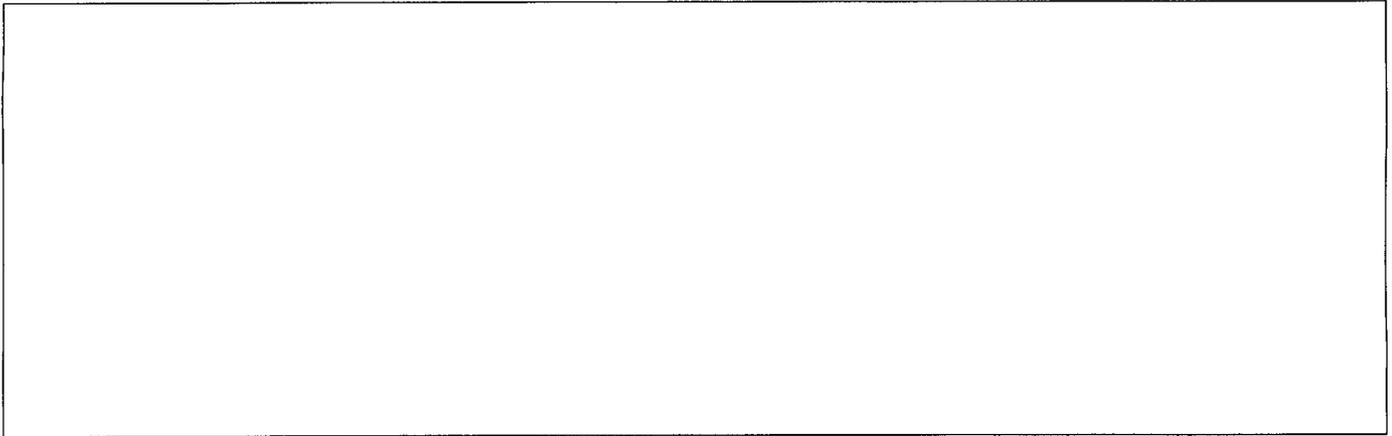
| | |
|-----|---|
| 22. | Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below] |
|-----|---|

Check #:
Amount:

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

5

Effective March 1, 2007



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

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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 # | N/A |
|-----------|--|-----|

| | | |
|---|---|-----|
| 2. | This filing corresponds to form filing number (Company tracking number of form filing, if applicable) | N/A |
| <input type="checkbox"/> Rate Increase <input checked="" type="checkbox"/> Rate Decrease <input type="checkbox"/> Rate Neutral (0%) | | |

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

| 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) |
| Grain | See ISO | -15.4% | -\$1,152 | | \$7,481 | See ISO | |
| Dealers | Circular | | | | | | |

| 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 (where required) | Minimum % Change (where required) |
| | | | | | | | |
| | | | | | | | |

| Overall Rate Information (Complete for Multiple Company Filings only) | | | |
|---|---|-------------|-----------|
| | | COMPANY USE | STATE USE |
| 5a. | Overall percentage rate indication (when applicable) | See ISO | |
| 5b. | Overall percentage rate impact for this filing | -15.4% | |
| 5c. | Effect of Rate Filing – Written premium change for this program | -\$1,152 | |
| 5d. | Effect of Rate Filing – Number of policyholders affected | | |

| | | |
|-----------|--|----------------|
| 6. | Overall percentage of last rate revision | +24% |
| 7. | Effective Date of last rate revision | 9/1/02 |
| 8. | Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.) | prior approval |

| 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 | |

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