

SERFF Tracking Number: INMX-125738177 State: Arkansas
Filing Company: InsureMax Insurance Company State Tracking Number: #8708 \$25
Company Tracking Number: 18AR0708
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: AR Revision 7/08
Project Name/Number: /

Filing at a Glance

Company: InsureMax Insurance Company

Product Name: AR Revision 7/08

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto
(PPA)

Filing Type: Rule

SERFF Tr Num: INMX-125738177 State: Arkansas

SERFF Status: Closed

Co Tr Num: 18AR0708

Co Status:

Author: Jennifer Capozziello

Date Submitted: 07/17/2008

State Tr Num: #8708 \$25

State Status: Fees verified and
received

Reviewer(s): Alexa Grissom, Betty
Montesi

Disposition Date: 07/28/2008

Disposition Status: Filed

Effective Date Requested (New): 07/21/2008

Effective Date Requested (Renewal): 07/21/2008

Effective Date (New): 08/06/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 07/28/2008

State Status Changed: 07/28/2008

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 rule revision to our Arkansas Private Passenger Automobile Program. This revision contains pages 3 and 11 of our Underwriting Guidelines deleting the reinstatement fee and late fee and any references to them. We cordially request an effective date of July 21, 2008.

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.

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Sincerely,
Jennifer Capozziello

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: \$25.00
Retaliatory? No
Fee Explanation: Rules \$25.00
Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	07/28/2008	07/28/2008

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Disposition

Disposition Date: 07/28/2008

Effective Date (New): 08/06/2008

Effective Date (Renewal):

Status: Filed

Comment: Per Reg. 23, filings are effective a minimum of 20 days after receipt.

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	A-1 Private Passenger Auto Abstract	Filed	Yes
Supporting Document	APCS-Auto Premium Comparison Survey	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	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Rate	Underwriting Guidelines excerpts	Filed	Yes

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Rate Information

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Underwriting Guidelines excerpts	pages 3 and 11	Replacement	08AR0108, 16AR0608 AR UWG 0708 pg. 3, 11.pdf

FEES

FEES

All fees are fully earned and are excluded from written and collected premium calculations used to determine commissions.

Fee Type	Amount	When Applied
Policy Fee	\$10	Charged at policy inception, at renewal, and for each rewritten policy. For new business, it must be collected with the down payment. It is fully earned upon issuance of the policy except for company cancellations where it will be returned pro-rata.
Direct Bill Fee	\$8	Included in each installment bill for direct billing.
AutoPay Billing Fee	\$5	Included in each installment bill for any policy using the AutoPay Plan.
Insured NSF Fee	\$25	Charged to insureds for payments returned by our bank for non-sufficient funds.
Agency NSF Fee	\$25	Charged to any agency for payments or uploads returned by our bank for non-sufficient funds.
Reinstatement Fee	\$5	Applied to all policies reinstated or renewed with a lapse in coverage due to non-payment of premium.
Late Fee	\$8	Charged for all payments received more than ten (10) days after the due date.
Cancellation Fee	\$25	Charged if the insured requests cancellation of the policy. This fee will not be charged if the named insured is deceased, is moving out-of-state, or is entering the military. Proper documentation must be submitted with the cancellation request in these cases.

ENDORSEMENTS

1. Endorsement requests can be submitted via mail, fax, telephone, or www.insuremax.net.
2. Endorsements requesting reductions or deletions of coverage can be mailed or faxed with the insured's signature, or they may be sent via www.insuremax.net when the agent retains the original signature at the agency office.
3. Coverage will be bound as of the date the endorsement request is received if by fax, telephone, or website. If the request is made by mail, the envelope containing the request must be postmarked within 72 hours of the effective date requested. If the postmark date is more than 72 hours after the effective date, coverage will be effective the day following the postmark date.
4. Endorsements related to returned information requests will be effective the date the information is received by the Company. *We will not backdate endorsements for any reason.*
5. Endorsements that result in additional premium will be divided over the remaining installments. Payment is not required to accompany the endorsement, but it is recommended.
6. Endorsements resulting in return premium will be applied to the remaining balance and future installment bills will be adjusted. If the policy has already been paid in full, a check will be sent directly to the insured either at the request of the insured or at such time the policy is no longer active.
7. Changes in driver class or driving records will only be processed at renewal unless the driver is no longer a member of the household and no longer operates the insured's vehicle.
8. Changes in vehicles must be submitted within 30 days of the date the insured acquires the vehicle.
9. Replacement vehicles will be added with the same coverages as the original vehicle with the exception of Car Damage Coverage. Car Damage Coverage for the replacement vehicle will be in effect no earlier than the time and day on which the request is made to our agent. See the Arkansas Personal Car Policy for a complete description.
10. Additional vehicles will have the same coverages, exclusive of Car Damage Coverage, that we currently provide for any car shown on the Declarations page. Car Damage Coverage for the additional vehicle will be in effect no earlier than the time and day on which the request is made to our agent. See the Arkansas Personal Car Policy for a complete description.
11. All changes requiring premium adjustment shall be computed pro rata.

RENEWALS

1. For eligible policies, the renewal down payment bill will be mailed approximately 30 days prior to the expiration date. Renewals will be billed at rates in effect at the time of renewal. Renewal remittances must be postmarked before the expiration date to avoid a lapse in coverage.
2. If the renewal payment is not received when due, a lapse notice will be mailed to the policyholder.
3. Renewal payments received within 30 days after the expiration date may be used to renew the policy with a lapse in coverage. The effective date will be one day after the postmark on the payment envelope, or the date and time payment was accepted by the agent. ~~A reinstatement fee will be charged.~~
4. Payments received more than 30 days after the policy has expired will be used to rewrite the policy.
5. After a policy has been expired for 45 days, a new down payment and application must be submitted to bind coverage.
6. Policies that are not eligible for renewal will be notified in compliance with statutory requirements.

RENEWAL OFFERS

1. An Auto-Renewal Notice is provided as a convenience to customers who are pending renewal and have sufficient credit balance to renew their policy.
2. When an insured is on a Direct Billing Plan, he will receive a Notice of Renewal, which needs to be paid by the due date. Otherwise, his policy will expire.
3. When an insured is on an AutoPay Billing Plan, he will receive a Renewal Notice that notifies him of the date and amount that the renewal payment will be swept.

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TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

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Supporting Document Schedules

Satisfied -Name: A-1 Private Passenger Auto
Abstract

Review Status:
Filed 07/28/2008

Comments:

Attachment:

Form A-1 0708.pdf

Satisfied -Name: APCS-Auto Premium Comparison
Survey

Review Status:
Filed 07/28/2008

Comments:

Attachments:

10922IDInsureMaxInsCo08Survey 7-21-08.xls

10922IDInsureMaxInsCo08Survey 7-21-08.pdf

Satisfied -Name: NAIC loss cost data entry document

Review Status:
Filed 07/28/2008

Comments:

Attachment:

FORM RF-1 Rate Filing Abstract 0708.pdf

Bypassed -Name: NAIC Loss Cost Filing Document
for OTHER than Workers' Comp

Review Status:
Filed 07/28/2008

Bypass Reason: N/A

Comments:

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:
Filed 07/28/2008

Comments:

Attachment:

Transmittal Document 0708 Rule.pdf

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 InsureMax Insurance Co.
 NAIC # (including group #) 10922

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: _____

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	0 %
b. Good Student Discount	0 %
c. Multi-car Discount	25 %
d. Accident Free Discount*	5 %

Please Specify Qualification for Discount:
This is a Renewal Discount that requires the policy to be claim free (only applicable to those not receiving a discount for prior insurance coverage).

e. Anti-Theft Discount	0 %
f. Other (specify)	%
<i>Defensive Driver (age 55 and older and having completed a DD course)</i>	5 %
<i>College Graduate (Insured must be single, under the age of 25 with a GPA >=3.0)</i>	5 %
<i>Homeowner (Requires Declaration Sheet from Homeowners Policy)</i>	5 %
<i>Paid In Full (Requires Full Policy Term be paid in full at policy inception or renewal)</i>	5 %
<i>Prior Insurance</i>	10 %

6. Do you have an installment payment plan for automobile insurance? Yes No
 If so, what is the fee for installment payments? **\$8 for Direct Bill, \$5 for AutoPay plans**

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

 Signature
Jennifer Capozziello
 Printed Name
Product Analyst
 Title
877-858-4100 ext. 277
 Telephone Number
jcappozziello@insuremax.net
 Email address

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Attachment "10922IDInsureMaxInsCo08Survey 7-21-08.xls" is not a PDF document and cannot be reproduced here.

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	18AR0708
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	
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	Company Name		Company NAIC Number
3.	A.	InsureMax Insurance Company	B. 10922

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

5.			FOR LOSS COSTS ONLY					
	(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
	BI							
	PD							
	COMP							
	COLL							
	MP							
	UM							
	UMPD							
	TOTAL OVERALL EFFECT		0%					

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	1,064	-.7%	6/18/07	255,393	138,778	78.26%	74.16%
	2008	1,023	4.15	1/22/08	527,316	348,505	66.10%	69.31%
	2008	1,111	1.45	2/26/08	340,585	150,592	69.02%	57.26%

7.	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.** 0% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
- 10.** 0% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

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

1. Reserved for Insurance Dept. Use Only

2. Insurance Department Use only	
a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

3. Group Name	Group NAIC #

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

5. Company Tracking Number	
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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

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---

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

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

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #:</p> <p>Amount:</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	
<p>***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)</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.)

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

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