

SERFF Tracking Number: USAA-125736241 State: Arkansas
First Filing Company: Garrison Property and Casualty Insurance Company, ... State Tracking Number: EFT \$100
Company Tracking Number: MOD026120
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Personal Auto Rental Reimbursement
Project Name/Number: Rental Reimbursement/Transportation Expenses/MOD026120

Filing at a Glance

Companies: Garrison Property and Casualty Insurance Company, United Services Automobile Association, USAA Casualty Insurance Company, USAA General Indemnity Company

Product Name: Personal Auto Rental Reimbursement SERFF Tr Num: USAA-125736241 State: Arkansas

TOI: 19.0 Personal Auto SERFF Status: Closed State Tr Num: EFT \$100
Sub-TOI: 19.0001 Private Passenger Auto (PPA) Co Tr Num: MOD026120 State Status: Fees verified and received
Filing Type: Rate Co Status: Pending Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding
Authors: Nick Almendarez, Melissa Wagstaff, Scott Hawthorne Disposition Date: 07/28/2008
Date Submitted: 07/23/2008 Disposition Status: Filed

Effective Date Requested (New): 12/01/2008 Effective Date (New): 12/01/2008
Effective Date Requested (Renewal): 12/01/2008 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Rental Reimbursement/Transportation Expenses
Project Number: MOD026120
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:

United Services Automobile Association (USAA), USAA Casualty Insurance Company (USAA-CIC), USAA General Indemnity Company (USAA-GIC), and Garrison Property and Casualty Insurance Company (Garrison) wish to revise the Personal Auto Manual on file with your Department. In order to provide adequate coverage for Rental Reimbursement and Transportation Expense coverage we are eliminating the \$15 per day/\$450 maximum limit, we will keep the \$30 per

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day/\$900 limit, and we are adding an option of \$50 per day/\$1,500 maximum limit. All vehicles currently at this \$15 per day / \$450 maximum limit will be moved to the \$30 per day / \$900 total limit and corresponding rate.

Company and Contact

Filing Contact Information

Melissa Wagstaff, Compliance Analyst melissa.wagstaff@usaa.com
 2100 ATTN Regulatory Compliance A03W B2 (800) 531-8722 [Phone]
 San Antonio, TX 78284-8496 (210) 498-6675[FAX]

Filing Company Information

Garrison Property and Casualty Insurance CoCode: 21253 State of Domicile: Texas
 Company

9800 Fredericksburg Road Group Code: 200 Company Type: Stock
 San Antonio, TX 78284-8496 Group Name: USAA State ID Number:
 (800) 531-8722 ext. [Phone] FEIN Number: 43-1803614

United Services Automobile Association CoCode: 25941 State of Domicile: Texas
 9800 Fredericksburg Road Group Code: 200 Company Type: Reciprocal
 San Antonio, TX 78288 Group Name: USAA State ID Number:
 (800) 531-8722 ext. [Phone] FEIN Number: 74-0959140

USAA Casualty Insurance Company CoCode: 25968 State of Domicile: Texas
 9800 Fredericksburg Road Group Code: 200 Company Type: Stock
 San Antonio, TX 78288 Group Name: USAA State ID Number:
 (800) 531-8722 ext. [Phone] FEIN Number: 59-3019540

USAA General Indemnity Company CoCode: 18600 State of Domicile: Texas
 9800 Fredericksburg Road Group Code: 200 Company Type: Stock
 San Antonio, TX 78288 Group Name: USAA State ID Number:
 (800) 531-8722 ext. [Phone] FEIN Number: 74-1718283

Filing Fees

SERFF Tracking Number: USAA-125736241 State: Arkansas
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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): 12/01/2008
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

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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	AR Auto Rate Pages	Filed	Yes

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	AR Auto Rate Pages		Replacement	AR Auto Rate Pages.pdf

State: **ARKANSAS**
 Line of Business: **AUTO**
 Effective: **DECEMBER 1, 2008 (NEW BUSINESS)**
DECEMBER 1, 2008 (RENEWAL BUSINESS)
 Companies: **UNITED SERVICES AUTOMOBILE ASSOCIATION**
USAA CASUALTY INSURANCE COMPANY
USAA GENERAL INDEMNITY COMPANY
GARRISON PROPERTY AND CASUALTY INSURANCE COMPANY

Rates

Rental Reimbursement Rates

<u>Per Day</u>	<u>Total</u>	<u>USAA</u>	<u>USAA-CIC</u>	<u>USAA-GIC</u>	<u>Garrison</u>
30	900	36.00	43.20	72.00	43.20
50	1,500	60.00	72.00	120.00	72.00

Rate Caps

<u>Limit</u>	<u>USAA</u>	<u>USAA-CIC</u>	<u>USAA-GIC</u>	<u>Garrison</u>
Lower	+/-15%	+/-10%	+/-15%	+/-10%
Higher	+/-50%	+/-50%	+/-50%	+/-50%

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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 Auto Abstract.pdf

Satisfied -Name: APCS-Auto Premium Comparison
 Survey
Review Status: Filed 07/28/2008

Comments:

Attachments:

APCS 200-25941.xls
 APCS 200-25968.xls
 APCS 200-18600.xls
 APCS 200-21253.xls

Satisfied -Name: NAIC loss cost data entry document
Review Status: Filed 07/28/2008

Comments:

Attachments:

RF-1 200-25941.pdf
 RF-1 200-25968.pdf
 RF-1 200-18600.pdf
 RF-1 200-21253.pdf

Bypassed -Name: NAIC Loss Cost Filing Document
 for OTHER than Workers' Comp
Review Status: Filed 07/28/2008

Bypass Reason: Not applicable.

Comments:

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Review Status:

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Filed

07/28/2008

Comments:

Attachment:

AR Auto Transmittal Doc.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 United Services Automobile Association
 NAIC # (including group #) 200-25941

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 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 Defensive Driver 5 %
- b. Good Student Discount 10 %
- c. Multi-car Discount Up to 13 %
- d. Accident Free Discount* 5-7 %
- e. Anti-Theft Discount 15 - 20 %
- f. Passive Restraint 5 - 15 %
- g. Vehicle Age 4 - 12 %
- h. Occasional Operator Discount 15 %
- i. Driver Training 5 %
- j. Away-at-School 10 %
- k. Daytime Running Lights 3 %

6. Do you have an installment payment plan for automobile insurance? Yes No
 If so, what is the fee for installment payments?
 \$0.00

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
C2	-41%	0
C3	-39%	0
C4	-37%	0
D2	-35%	1
D3	-33%	29
D4	-30%	202
E2	-28%	483
E3	-25%	802
E4	-22%	1078
F2	-19%	1160
F3	-17%	1318
F4	-13%	1233
G2	-10%	1271
G3	-7%	1224

G4	-4%	1030
H2	0%	952
H3	4%	870
H4	8%	804
I2	12%	734
I3	16%	666
I4	20%	572
J2	25%	521
J3	29%	434
J4	34%	394
K2	39%	315
K3	44%	225
K4	50%	202
L2	55%	138
L3	61%	86
L4	67%	48
M2	73%	31
M3	80%	19
M4	87%	14
N2	94%	5
N3	101%	3
N4	108%	1
O2	116%	0
O3	124%	0
O4	132%	0
P2	141%	0
P3	150%	0
P4	159%	0
Q2	168%	0
Q3	178%	0
Q4	188%	0

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

Scott Hawthorne

Signature

Scott Hawthorne

Printed Name

Compliance Analyst

Title

210-498-5315

Telephone Number

scott.hawthorne@usaa.com

Email address

ARKANSAS INSURANCE DEPARTMENT

FORM A-1 PRIVATE PASSENGER AUTOMOBILE ABSTRACT

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Company Name USAA Casualty Insurance Company
 NAIC # (including group #) 200-25968

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 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 Defensive Driver 5 %
- b. Good Student Discount 10 %
- c. Multi-car Discount Up to 13 %
- d. Accident Free Discount* 5-7 %
- e. Anti-Theft Discount 15 - 20 %
- f. Passive Restraint 5 - 15 %
- g. Vehicle Age 4 - 12 %
- h. Occasional Operator Discount 15 %
- i. Driver Training 5 %
- j. Away-at-School 10 %
- k. Daytime Running Lights 3 %

6. Do you have an installment payment plan for automobile insurance? Yes No
 If so, what is the fee for installment payments?
 \$0.00

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
C2	-45%	0
C3	-43%	0
C4	-41%	0
D2	-38%	0
D3	-36%	0
D4	-33%	0
E2	-30%	3
E3	-28%	11
E4	-25%	33
F2	-22%	84
F3	-18%	181
F4	-15%	291
G2	-11%	407
G3	-8%	559
G4	-4%	647
H2	0%	726

H3	4%	740
H4	8%	807
I2	13%	744
I3	18%	650
I4	22%	603
J2	27%	539
J3	33%	469
J4	38%	430
K2	44%	360
K3	50%	299
K4	56%	243
L2	62%	184
L3	68%	159
L4	75%	128
M2	82%	92
M3	89%	66
M4	96%	35
N2	104%	23
N3	112%	39
N4	120%	38
O2	128%	12
O3	137%	1
O4	146%	0
P2	155%	0
P3	165%	0
P4	175%	0
Q2	186%	0
Q3	197%	0
Q4	208%	0

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Scott Hawthorne

Signature

Scott Hawthorne

Printed Name

Compliance Analyst

Title

210-498-5315

Telephone Number

scott.hawthorne@usaa.com

Email address

ARKANSAS INSURANCE DEPARTMENT

FORM A-1 PRIVATE PASSENGER AUTOMOBILE ABSTRACT

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Company Name USAA General Indemnity Company
 NAIC # (including group #) 200-18600

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 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 Defensive Driver 5 %
- b. Good Student Discount 10 %
- c. Multi-car Discount Up to 13 %
- d. Accident Free Discount* 5-7 %
- e. Anti-Theft Discount 15 - 20 %
- f. Passive Restraint 5 - 15 %
- g. Vehicle Age 4 - 12 %
- h. Occasional Operator Discount 15 %
- i. Driver Training 5 %
- j. Away-at-School 10 %
- k. Daytime Running Lights 3 %

6. Do you have an installment payment plan for automobile insurance? Yes No
 If so, what is the fee for installment payments?
 \$0.00

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
C2	-35%	0
C3	-33%	0
C4	-31%	0
D2	-29%	0
D3	-27%	0
D4	-25%	0
E2	-23%	0
E3	-21%	0
E4	-19%	0
F2	-16%	0
F3	-14%	1
F4	-11%	2
G2	-9%	0
G3	-6%	5
G4	-3%	4
H2	0%	13

H3	3%	24
H4	6%	27
I2	9%	53
I3	13%	55
I4	16%	61
J2	20%	76
J3	23%	117
J4	27%	137
K2	31%	200
K3	35%	133
K4	39%	55
L2	44%	35
L3	48%	28
L4	53%	17
M2	57%	13
M3	62%	13
M4	67%	14
N2	72%	6
N3	77%	7
N4	83%	9
O2	88%	7
O3	94%	8
O4	100%	37
P2	106%	28
P3	113%	5
P4	119%	0
Q2	126%	0
Q3	133%	0
Q4	141%	0

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Scott Hawthorne

Signature

Scott Hawthorne

Printed Name

Compliance Analyst

Title

210-498-5315

Telephone Number

scott.hawthorne@usaa.com

Email address

ARKANSAS INSURANCE DEPARTMENT

FORM A-1 PRIVATE PASSENGER AUTOMOBILE ABSTRACT

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Company Name Garrison Property and Casualty Insurance Company
 NAIC # (including group #) 200-21253

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 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 Defensive Driver 5 %
- b. Good Student Discount 10 %
- c. Multi-car Discount Up to 13 %
- d. Accident Free Discount* 5-7 %
- e. Anti-Theft Discount 15 - 20 %
- f. Passive Restraint 5 - 15 %
- g. Vehicle Age 4 - 12 %
- h. Occasional Operator Discount 15 %
- i. Driver Training 5 %
- j. Away-at-School 10 %
- k. Daytime Running Lights 3 %

6. Do you have an installment payment plan for automobile insurance? Yes No
 If so, what is the fee for installment payments?
 \$0.00

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
C2	-46%	0
C3	-44%	0
C4	-41%	0
D2	-39%	0
D3	-36%	0
D4	-34%	0
E2	-31%	0
E3	-28%	0
E4	-25%	0
F2	-22%	0
F3	-19%	3
F4	-15%	6
G2	-12%	3
G3	-8%	9
G4	-4%	18
H2	0%	25

H3	4%	24
H4	9%	41
I2	13%	65
I3	18%	64
I4	23%	48
J2	28%	57
J3	33%	58
J4	39%	62
K2	44%	51
K3	50%	57
K4	56%	49
L2	63%	46
L3	69%	51
L4	76%	39
M2	83%	35
M3	90%	24
M4	98%	8
N2	105%	8
N3	113%	4
N4	122%	0
O2	130%	1
O3	139%	0
O4	148%	0
P2	158%	0
P3	167%	0
P4	178%	0
Q2	188%	0
Q3	199%	0
Q4	211%	0

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



Signature

Scott Hawthorne

Printed Name

Compliance Analyst

Title

210-498-5315

Telephone Number

scott.hawthorne@usaa.com

Email address

Private Passenger Auto Premium Comparison Survey Form

FORM APCS - last modified August 2005

NAIC Number:	200-25941
Company Name:	United Services Automobile Association
Contact Person:	Scott Hawthorne, MSIM, CPCU, ARC
Telephone No.:	800-531-8722, ext. 8-5315
Email Address:	scott.hawthorne@usa.com
Effective Date:	12/1/2008

Assumptions to Use:

- 1 **Liability -Minimum** \$25,000 per person
- 2 **Bodily Injury** \$50,000 per accident
- 3 **Property Damage** \$25,000 per accident
\$100 deductible per accident
- 4 **Comprehensive & Collision** \$250 deductible per accident
- 5 **The insured has elected to accept:**
Uninsured motorist property and bodily injury equal to liability coverage
Underinsured bodily injury equal to liability coverage
- 6 **Personal Injury Protection** of \$5,000 for medical, loss wages according to statute and \$5,000 accidental death
- 7 **If male and female rates are different, use the highest of the two**

Submit to: Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

Telephone: 501-371-2800

Email as an attachment to: insurance.pnc@arkansas.gov
You may also attach to a SERFF filing or submit on a compact disk

DISCOUNTS OFFERED:

PASSIVE RESTRAINT/AIRBAG	5% to 15	%
AUTO/HOMEOWNERS	0	%
GOOD STUDENT	10	%
ANTI-THEFT DEVICE	15% to 20	%
Over 55 Defensive Driver Discount	10	%
\$250/\$500 Deductible Comp./Coll.	up to 29.5	%

Vehicle	Coverages	Gender Age	Fayetteville				Trumann				Little Rock				Lake Village				Pine Bluff			
			Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66
			1999 Chevrolet Silverado 1500 2WD "LS" regular cab 119" WB	Minimum Liability		\$525	\$595	\$189	\$195	\$496	\$561	\$180	\$186	\$587	\$666	\$206	\$213	\$452	\$511	\$168	\$173	\$611
	Minimum Liability with Comprehensive and Collision		\$923	\$1,071	\$329	\$318	\$860	\$999	\$312	\$302	\$944	\$1,092	\$331	\$324	\$805	\$935	\$297	\$286	\$1,016	\$1,178	\$353	\$343
	100/300/50 Liability with Comprehensive and Collision		\$1,036	\$1,197	\$378	\$369	\$972	\$1,123	\$361	\$351	\$1,082	\$1,246	\$387	\$382	\$908	\$1,048	\$343	\$333	\$1,157	\$1,337	\$410	\$402
2003 Ford Explorer "XLT" 2WD, 4 door	Minimum Liability		\$577	\$654	\$203	\$209	\$545	\$618	\$193	\$199	\$641	\$729	\$221	\$229	\$496	\$562	\$180	\$185	\$674	\$766	\$227	\$235
	Minimum Liability with Comprehensive and Collision		\$1,139	\$1,330	\$394	\$377	\$1,060	\$1,238	\$373	\$356	\$1,147	\$1,332	\$391	\$379	\$994	\$1,162	\$355	\$338	\$1,247	\$1,454	\$422	\$406
	100/300/50 Liability with Comprehensive and Collision		\$1,259	\$1,463	\$445	\$429	\$1,178	\$1,369	\$424	\$408	\$1,293	\$1,497	\$449	\$439	\$1,103	\$1,282	\$403	\$387	\$1,398	\$1,623	\$481	\$466
2003 Honda Odyssey "EX"	Minimum Liability		\$469	\$530	\$172	\$178	\$444	\$502	\$165	\$170	\$521	\$590	\$187	\$193	\$406	\$457	\$154	\$159	\$546	\$619	\$192	\$198
	Minimum Liability with Comprehensive and Collision		\$997	\$1,164	\$354	\$337	\$928	\$1,085	\$337	\$319	\$993	\$1,155	\$348	\$335	\$874	\$1,023	\$322	\$304	\$1,083	\$1,264	\$377	\$360
	100/300/50 Liability with Comprehensive and Collision		\$1,098	\$1,276	\$400	\$383	\$1,028	\$1,195	\$382	\$365	\$1,115	\$1,291	\$400	\$388	\$966	\$1,124	\$365	\$348	\$1,208	\$1,404	\$429	\$413
2005 Toyota Camry LE 3.0L 4 door Sedan	Minimum Liability		\$533	\$604	\$189	\$195	\$505	\$572	\$181	\$186	\$588	\$667	\$205	\$212	\$460	\$520	\$169	\$174	\$625	\$709	\$213	\$220
	Minimum Liability with Comprehensive and Collision		\$1,193	\$1,397	\$411	\$389	\$1,109	\$1,299	\$389	\$368	\$1,180	\$1,376	\$401	\$385	\$1,044	\$1,224	\$372	\$350	\$1,297	\$1,517	\$438	\$417
	100/300/50 Liability with Comprehensive and Collision		\$1,303	\$1,519	\$459	\$438	\$1,217	\$1,419	\$437	\$416	\$1,314	\$1,525	\$456	\$441	\$1,143	\$1,334	\$417	\$396	\$1,434	\$1,671	\$494	\$474
2003 Cadillac Seville "STS" 4 door Sedan	Minimum Liability		\$488	\$552	\$177	\$183	\$462	\$522	\$170	\$175	\$541	\$613	\$193	\$199	\$421	\$475	\$159	\$163	\$569	\$645	\$198	\$205
	Minimum Liability with Comprehensive and Collision		\$1,270	\$1,494	\$439	\$410	\$1,178	\$1,388	\$416	\$388	\$1,241	\$1,452	\$423	\$401	\$1,115	\$1,314	\$399	\$370	\$1,366	\$1,605	\$464	\$436
	100/300/50 Liability with Comprehensive and Collision		\$1,374	\$1,609	\$486	\$458	\$1,281	\$1,501	\$462	\$435	\$1,367	\$1,593	\$476	\$455	\$1,209	\$1,418	\$442	\$415	\$1,495	\$1,749	\$518	\$491
1998 Chevrolet Cavalier LS 4D Sedan	Minimum Liability		\$549	\$622	\$193	\$200	\$520	\$589	\$185	\$191	\$604	\$685	\$209	\$216	\$473	\$535	\$172	\$177	\$644	\$731	\$217	\$225
	Minimum Liability with Comprehensive and Collision		\$1,074	\$1,250	\$370	\$355	\$997	\$1,161	\$349	\$335	\$1,078	\$1,250	\$367	\$357	\$934	\$1,088	\$332	\$318	\$1,178	\$1,370	\$397	\$383
	100/300/50 Liability with Comprehensive and Collision		\$1,184	\$1,373	\$418	\$405	\$1,106	\$1,282	\$397	\$384	\$1,213	\$1,401	\$422	\$413	\$1,034	\$1,199	\$378	\$364	\$1,316	\$1,525	\$452	\$440

Private Passenger Auto Premium Comparison Survey Form

FORM APCS - last modified August 2005

NAIC Number:	200-25968
Company Name:	USAA Casualty Insurance Company
Contact Person:	Scott Hawthorne, MSIM, CPCU, ARC
Telephone No.:	800-531-8722, ext. 8-5315
Email Address:	scott.hawthorne@usaa.com
Effective Date:	12/1/2008

- Assumptions to Use:**
- 1 **Liability -Minimum** \$25,000 per person
 - 2 **Bodily Injury** \$50,000 per accident
 - 3 **Property Damage** \$25,000 per accident
\$100 deductible per accident
 - 4 **Comprehensive & Collision** \$250 deductible per accident
 - 5 **The insured has elected to accept:**
Uninsured motorist property and bodily injury equal to liability coverage
Underinsured bodily injury equal to liability coverage
 - 6 **Personal Injury Protection** of \$5,000 for medical, loss wages according to statute and \$5,000 accidental death
 - 7 **If male and female rates are different, use the highest of the two**

Submit to: Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

Telephone: 501-371-2800

Email as an attachment to: insurance.pnc@arkansas.gov
You may also attach to a SERFF filing or submit on a compact disk

DISCOUNTS OFFERED:

PASSIVE RESTRAINT/AIRBAG	5% to 15	%
AUTO/HOMEOWNERS	0	%
GOOD STUDENT	10	%
ANTI-THEFT DEVICE	15% to 20	%
Over 55 Defensive Driver Discount	10	%
\$250/\$500 Deductible Comp./Coll.	up to 29.5	%

Vehicle	Coverages	Gender Age	Fayetteville				Trumann				Little Rock				Lake Village				Pine Bluff			
			Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66
			1999 Chevrolet Silverado 1500 2WD "LS" regular cab 119" WB	Minimum Liability		\$487	\$551	\$177	\$183	\$459	\$519	\$169	\$174	\$539	\$611	\$192	\$198	\$420	\$474	\$158	\$163	\$564
	Minimum Liability with Comprehensive and Collision		\$834	\$964	\$298	\$291	\$778	\$899	\$283	\$275	\$855	\$985	\$301	\$296	\$727	\$841	\$270	\$262	\$919	\$1,062	\$320	\$313
	100/300/50 Liability with Comprehensive and Collision		\$939	\$1,080	\$345	\$338	\$880	\$1,012	\$330	\$323	\$980	\$1,125	\$354	\$350	\$822	\$945	\$314	\$307	\$1,048	\$1,206	\$373	\$367
2003 Ford Explorer "XLT" 2WD, 4 door	Minimum Liability		\$534	\$605	\$190	\$196	\$503	\$569	\$180	\$186	\$588	\$667	\$205	\$212	\$460	\$519	\$168	\$174	\$621	\$705	\$211	\$218
	Minimum Liability with Comprehensive and Collision		\$1,024	\$1,190	\$354	\$341	\$952	\$1,107	\$335	\$322	\$1,033	\$1,196	\$353	\$343	\$892	\$1,037	\$319	\$306	\$1,122	\$1,304	\$379	\$366
	100/300/50 Liability with Comprehensive and Collision		\$1,135	\$1,313	\$402	\$390	\$1,060	\$1,227	\$383	\$371	\$1,166	\$1,345	\$407	\$399	\$992	\$1,148	\$364	\$352	\$1,259	\$1,457	\$434	\$423
2003 Honda Odyssey "EX"	Minimum Liability		\$436	\$492	\$162	\$167	\$412	\$464	\$155	\$160	\$479	\$542	\$175	\$180	\$377	\$424	\$146	\$150	\$505	\$571	\$179	\$185
	Minimum Liability with Comprehensive and Collision		\$894	\$1,040	\$318	\$305	\$832	\$968	\$302	\$289	\$894	\$1,036	\$314	\$304	\$783	\$911	\$289	\$275	\$973	\$1,131	\$339	\$325
	100/300/50 Liability with Comprehensive and Collision		\$988	\$1,143	\$362	\$349	\$925	\$1,070	\$346	\$333	\$1,006	\$1,160	\$363	\$354	\$869	\$1,005	\$331	\$318	\$1,088	\$1,259	\$388	\$376
2005 Toyota Camry LE 3.0L 4 door Sedan	Minimum Liability		\$493	\$558	\$177	\$183	\$466	\$527	\$169	\$174	\$539	\$611	\$190	\$196	\$426	\$480	\$158	\$163	\$575	\$652	\$197	\$204
	Minimum Liability with Comprehensive and Collision		\$1,068	\$1,245	\$367	\$350	\$991	\$1,157	\$348	\$331	\$1,060	\$1,232	\$361	\$348	\$932	\$1,088	\$332	\$315	\$1,163	\$1,355	\$391	\$375
	100/300/50 Liability with Comprehensive and Collision		\$1,169	\$1,357	\$413	\$397	\$1,091	\$1,267	\$393	\$377	\$1,182	\$1,367	\$412	\$400	\$1,024	\$1,189	\$375	\$359	\$1,288	\$1,494	\$444	\$428
2003 Cadillac Seville "STS" 4 door Sedan	Minimum Liability		\$453	\$511	\$167	\$172	\$428	\$482	\$159	\$164	\$497	\$562	\$179	\$185	\$391	\$441	\$149	\$154	\$525	\$595	\$185	\$191
	Minimum Liability with Comprehensive and Collision		\$1,131	\$1,324	\$389	\$367	\$1,049	\$1,230	\$369	\$347	\$1,111	\$1,295	\$378	\$361	\$991	\$1,161	\$353	\$331	\$1,219	\$1,427	\$413	\$390
	100/300/50 Liability with Comprehensive and Collision		\$1,228	\$1,431	\$434	\$413	\$1,144	\$1,334	\$413	\$392	\$1,226	\$1,423	\$428	\$412	\$1,079	\$1,258	\$395	\$374	\$1,338	\$1,558	\$463	\$442
1998 Chevrolet Cavalier LS 4D Sedan	Minimum Liability		\$508	\$574	\$181	\$187	\$480	\$542	\$172	\$178	\$554	\$627	\$194	\$200	\$438	\$494	\$161	\$166	\$593	\$672	\$202	\$208
	Minimum Liability with Comprehensive and Collision		\$968	\$1,122	\$334	\$323	\$898	\$1,042	\$315	\$304	\$973	\$1,125	\$333	\$325	\$841	\$975	\$300	\$289	\$1,062	\$1,232	\$358	\$347
	100/300/50 Liability with Comprehensive and Collision		\$1,070	\$1,235	\$380	\$370	\$999	\$1,153	\$361	\$351	\$1,096	\$1,262	\$384	\$377	\$934	\$1,078	\$344	\$333	\$1,189	\$1,372	\$410	\$401

Private Passenger Auto Premium Comparison Survey Form

FORM APCS - last modified August 2005

NAIC Number:	200-18600
Company Name:	USAA General Indemnity Company
Contact Person:	Scott Hawthorne, MSIM, CPCU, ARC
Telephone No.:	800-531-8722, ext. 8-5315
Email Address:	scott.hawthorne@usaa.com
Effective Date:	12/1/2008

Assumptions to Use:

- 1 **Liability -Minimum** \$25,000 per person
- 2 **Bodily Injury** \$50,000 per accident
- 3 **Property Damage** \$25,000 per accident
\$100 deductible per accident
- 4 **Comprehensive & Collision** \$250 deductible per accident
- 5 **The insured has elected to accept:**
Uninsured motorist property and bodily injury equal to liability coverage
Underinsured bodily injury equal to liability coverage
- 6 **Personal Injury Protection** of \$5,000 for medical, loss wages according to statute and \$5,000 accidental death
- 7 **If male and female rates are different, use the highest of the two**

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1200 West Third Street
Little Rock, AR 72201-1904

Telephone: 501-371-2800
Email as an attachment to: insurance.pnc@arkansas.gov
You may also attach to a SERFF filing or submit on a compact disk

DISCOUNTS OFFERED:

PASSIVE RESTRAINT/AIRBAG	5% to 15	%
AUTO/HOMEOWNERS	0	
GOOD STUDENT	10	%
ANTI-THEFT DEVICE	15% to 20	%
Over 55 Defensive Driver Discount	10	%
\$250/\$500 Deductible Comp./Coll.	up to 29.5	%

Vehicle	Coverages	Gender Age	Fayetteville				Trumann				Little Rock				Lake Village				Pine Bluff			
			Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66
			1999 Chevrolet Silverado 1500 2WD "LS" regular cab 119" WB	Minimum Liability		\$585	\$664	\$210	\$217	\$552	\$626	\$199	\$206	\$660	\$751	\$232	\$240	\$502	\$569	\$185	\$191	\$663
	Minimum Liability with Comprehensive and Collision		\$999	\$1,158	\$356	\$347	\$928	\$1,076	\$336	\$327	\$1,061	\$1,228	\$372	\$365	\$866	\$1,004	\$318	\$309	\$1,084	\$1,257	\$378	\$370
	100/300/50 Liability with Comprehensive and Collision		\$1,121	\$1,295	\$404	\$397	\$1,048	\$1,210	\$383	\$375	\$1,212	\$1,399	\$428	\$423	\$975	\$1,126	\$362	\$354	\$1,239	\$1,432	\$436	\$429
2003 Ford Explorer "XLT" 2WD, 4 door	Minimum Liability		\$641	\$729	\$226	\$234	\$605	\$687	\$214	\$221	\$720	\$820	\$249	\$258	\$550	\$624	\$198	\$205	\$728	\$829	\$247	\$256
	Minimum Liability with Comprehensive and Collision		\$1,227	\$1,430	\$426	\$410	\$1,137	\$1,325	\$400	\$385	\$1,288	\$1,497	\$440	\$428	\$1,064	\$1,241	\$379	\$364	\$1,325	\$1,543	\$451	\$436
	100/300/50 Liability with Comprehensive and Collision		\$1,357	\$1,576	\$476	\$462	\$1,264	\$1,469	\$450	\$436	\$1,449	\$1,680	\$500	\$489	\$1,179	\$1,370	\$426	\$412	\$1,490	\$1,730	\$511	\$498
2003 Honda Odyssey "EX"	Minimum Liability		\$519	\$589	\$190	\$196	\$491	\$556	\$181	\$187	\$582	\$661	\$208	\$215	\$447	\$506	\$168	\$174	\$588	\$668	\$207	\$214
	Minimum Liability with Comprehensive and Collision		\$1,067	\$1,245	\$379	\$363	\$989	\$1,154	\$357	\$342	\$1,111	\$1,293	\$389	\$376	\$929	\$1,084	\$340	\$324	\$1,145	\$1,335	\$400	\$384
	100/300/50 Liability with Comprehensive and Collision		\$1,175	\$1,365	\$424	\$409	\$1,095	\$1,272	\$401	\$386	\$1,244	\$1,442	\$440	\$429	\$1,025	\$1,192	\$381	\$366	\$1,281	\$1,488	\$452	\$438
2005 Toyota Camry LE 3.0L 4 door Sedan	Minimum Liability		\$588	\$668	\$209	\$216	\$556	\$631	\$198	\$205	\$656	\$747	\$229	\$237	\$506	\$573	\$184	\$190	\$668	\$760	\$229	\$237
	Minimum Liability with Comprehensive and Collision		\$1,276	\$1,492	\$441	\$421	\$1,180	\$1,380	\$414	\$394	\$1,322	\$1,542	\$451	\$434	\$1,108	\$1,297	\$394	\$374	\$1,369	\$1,600	\$465	\$445
	100/300/50 Liability with Comprehensive and Collision		\$1,394	\$1,624	\$488	\$469	\$1,296	\$1,510	\$461	\$442	\$1,468	\$1,706	\$506	\$490	\$1,214	\$1,415	\$437	\$419	\$1,518	\$1,768	\$521	\$503
2003 Cadillac Seville "STS" 4 door Sedan	Minimum Liability		\$540	\$612	\$196	\$202	\$510	\$578	\$186	\$192	\$605	\$687	\$215	\$222	\$464	\$526	\$173	\$179	\$612	\$695	\$214	\$221
	Minimum Liability with Comprehensive and Collision		\$1,353	\$1,588	\$469	\$442	\$1,249	\$1,467	\$440	\$414	\$1,391	\$1,627	\$476	\$452	\$1,178	\$1,385	\$420	\$394	\$1,440	\$1,689	\$492	\$465
	100/300/50 Liability with Comprehensive and Collision		\$1,464	\$1,713	\$514	\$488	\$1,358	\$1,589	\$485	\$460	\$1,528	\$1,782	\$528	\$506	\$1,278	\$1,496	\$462	\$437	\$1,581	\$1,848	\$545	\$520
1998 Chevrolet Cavalier LS 4D Sedan	Minimum Liability		\$605	\$688	\$213	\$221	\$572	\$650	\$203	\$210	\$673	\$766	\$233	\$242	\$520	\$590	\$188	\$194	\$687	\$782	\$234	\$242
	Minimum Liability with Comprehensive and Collision		\$1,155	\$1,344	\$400	\$386	\$1,068	\$1,243	\$375	\$362	\$1,208	\$1,402	\$413	\$402	\$999	\$1,162	\$355	\$342	\$1,247	\$1,450	\$423	\$411
	100/300/50 Liability with Comprehensive and Collision		\$1,274	\$1,477	\$447	\$435	\$1,185	\$1,374	\$422	\$410	\$1,355	\$1,568	\$468	\$459	\$1,105	\$1,281	\$399	\$387	\$1,398	\$1,620	\$480	\$469

Private Passenger Auto Premium Comparison Survey Form

FORM APCS - last modified August 2005

NAIC Number:	200-21253
Company Name:	Garrison Property and Casualty Insurance Co.
Contact Person:	Scott Hawthorne, MSIM, CPCU, ARC
Telephone No.:	800-531-8722, ext. 8-5315
Email Address:	scott.hawthorne@usa.com
Effective Date:	12/1/2008

Assumptions to Use:

- 1 **Liability -Minimum** \$25,000 per person
- 2 **Bodily Injury** \$50,000 per accident
- 3 **Property Damage** \$25,000 per accident
\$100 deductible per accident
- 4 **Comprehensive & Collision** \$250 deductible per accident
- 5 **The insured has elected to accept:**
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Underinsured bodily injury equal to liability coverage
- 6 **Personal Injury Protection** of \$5,000 for medical, loss wages according to statute and \$5,000 accidental death
- 7 **If male and female rates are different, use the highest of the two**

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1200 West Third Street
Little Rock, AR 72201-1904

Telephone: 501-371-2800

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You may also attach to a SERFF filing or submit on a compact disk

DISCOUNTS OFFERED:

PASSIVE RESTRAINT/AIRBAG	5% to 15	%
AUTO/HOMEOWNERS	0	%
GOOD STUDENT	10	%
ANTI-THEFT DEVICE	15% to 20	%
Over 55 Defensive Driver Discount	10	%
\$250/\$500 Deductible Comp./Coll.	up to 29.5	%

Vehicle	Coverages	Gender Age	Fayetteville				Trumann				Little Rock				Lake Village				Pine Bluff			
			Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66
			1999 Chevrolet Silverado 1500 2WD "LS" regular cab 119" WB	Minimum Liability		\$487	\$551	\$177	\$183	\$459	\$519	\$169	\$174	\$539	\$611	\$192	\$198	\$420	\$474	\$158	\$163	\$564
	Minimum Liability with Comprehensive and Collision		\$834	\$964	\$298	\$291	\$778	\$899	\$283	\$275	\$855	\$985	\$301	\$296	\$727	\$841	\$270	\$262	\$919	\$1,062	\$320	\$313
	100/300/50 Liability with Comprehensive and Collision		\$939	\$1,080	\$345	\$338	\$880	\$1,012	\$330	\$323	\$980	\$1,125	\$354	\$350	\$822	\$945	\$314	\$307	\$1,048	\$1,206	\$373	\$367
2003 Ford Explorer "XLT" 2WD, 4 door	Minimum Liability		\$534	\$605	\$190	\$196	\$503	\$569	\$180	\$186	\$588	\$667	\$205	\$212	\$460	\$519	\$168	\$174	\$621	\$705	\$211	\$218
	Minimum Liability with Comprehensive and Collision		\$1,024	\$1,190	\$354	\$341	\$952	\$1,107	\$335	\$322	\$1,033	\$1,196	\$353	\$343	\$892	\$1,037	\$319	\$306	\$1,122	\$1,304	\$379	\$366
	100/300/50 Liability with Comprehensive and Collision		\$1,135	\$1,313	\$402	\$390	\$1,060	\$1,227	\$383	\$371	\$1,166	\$1,345	\$407	\$399	\$992	\$1,148	\$364	\$352	\$1,259	\$1,457	\$434	\$423
2003 Honda Odyssey "EX"	Minimum Liability		\$436	\$492	\$162	\$167	\$412	\$464	\$155	\$160	\$479	\$542	\$175	\$180	\$377	\$424	\$146	\$150	\$505	\$571	\$179	\$185
	Minimum Liability with Comprehensive and Collision		\$894	\$1,040	\$318	\$305	\$832	\$968	\$302	\$289	\$894	\$1,036	\$314	\$304	\$783	\$911	\$289	\$275	\$973	\$1,131	\$339	\$325
	100/300/50 Liability with Comprehensive and Collision		\$988	\$1,143	\$362	\$349	\$925	\$1,070	\$346	\$333	\$1,006	\$1,160	\$363	\$354	\$869	\$1,005	\$331	\$318	\$1,088	\$1,259	\$388	\$376
2005 Toyota Camry LE 3.0L 4 door Sedan	Minimum Liability		\$493	\$558	\$177	\$183	\$466	\$527	\$169	\$174	\$539	\$611	\$190	\$196	\$426	\$480	\$158	\$163	\$575	\$652	\$197	\$204
	Minimum Liability with Comprehensive and Collision		\$1,068	\$1,245	\$367	\$350	\$991	\$1,157	\$348	\$331	\$1,060	\$1,232	\$361	\$348	\$932	\$1,088	\$332	\$315	\$1,163	\$1,355	\$391	\$375
	100/300/50 Liability with Comprehensive and Collision		\$1,169	\$1,357	\$413	\$397	\$1,091	\$1,267	\$393	\$377	\$1,182	\$1,367	\$412	\$400	\$1,024	\$1,189	\$375	\$359	\$1,288	\$1,494	\$444	\$428
2003 Cadillac Seville "STS" 4 door Sedan	Minimum Liability		\$453	\$511	\$167	\$172	\$428	\$482	\$159	\$164	\$497	\$562	\$179	\$185	\$391	\$441	\$149	\$154	\$525	\$595	\$185	\$191
	Minimum Liability with Comprehensive and Collision		\$1,131	\$1,324	\$389	\$367	\$1,049	\$1,230	\$369	\$347	\$1,111	\$1,295	\$378	\$361	\$991	\$1,161	\$353	\$331	\$1,219	\$1,427	\$413	\$390
	100/300/50 Liability with Comprehensive and Collision		\$1,228	\$1,431	\$434	\$413	\$1,144	\$1,334	\$413	\$392	\$1,226	\$1,423	\$428	\$412	\$1,079	\$1,258	\$395	\$374	\$1,338	\$1,558	\$463	\$442
1998 Chevrolet Cavalier LS 4D Sedan	Minimum Liability		\$508	\$574	\$181	\$187	\$480	\$542	\$172	\$178	\$554	\$627	\$194	\$200	\$438	\$494	\$161	\$166	\$593	\$672	\$202	\$208
	Minimum Liability with Comprehensive and Collision		\$968	\$1,122	\$334	\$323	\$898	\$1,042	\$315	\$304	\$973	\$1,125	\$333	\$325	\$841	\$975	\$300	\$289	\$1,062	\$1,232	\$358	\$347
	100/300/50 Liability with Comprehensive and Collision		\$1,070	\$1,235	\$380	\$370	\$999	\$1,153	\$361	\$351	\$1,096	\$1,262	\$384	\$377	\$934	\$1,078	\$344	\$333	\$1,189	\$1,372	\$410	\$401

NAIC LOSS COST DATA ENTRY DOCUMENT

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

2. 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
3.	A.	UNITED SERVICES AUTOMOBILE ASSOCIATION	B.	200-25941

		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.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(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
Residual Bodily Injury	0	0					
Uninsured Motorists	0	0					
Personal Injury Protection	0	0					
Property Damage	0	0					
Comprehensive	0	0					
Collision	0	0					
TOTAL OVERALL EFFECT	0	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
2003	13,855	0.0	07/04/05	21,505	11,489	53.4	n/a
2004	14,440	-2.6	02/01/06	22,140	11,671	52.7	n/a
2005	15,295	0.0	10/08/06	22,238	16,547	74.4	n/a
2006	16,013	-6.9	04/21/07	23,380	20,232	86.5	n/a
2007	16,866	0.0	09/30/07	24,569	18,559	75.5	n/a

7.

Expense Constants	Selected Provisions (Liab/PhyDam)
A. Total Production Expense	9.4%/9.4%
B. General Expense	0.6%
C. Taxes, License & Fees	3.0%
D. Underwriting Profit & Contingencies	10.0%/14.6%
E. Other (explain)	
F. TOTAL	23.0%/27.6%

8. N/A 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): _____

NAIC LOSS COST DATA ENTRY DOCUMENT

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

2. 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
3.	A.	USAA CASUALTY INSURANCE COMPANY	B.	200-25968

		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.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(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
Residual Bodily Injury	0	0					
Uninsured Motorists	0	0					
Personal Injury Protection	0	0					
Property Damage	0	0					
Comprehensive	0	0					
Collision	0	0					
TOTAL OVERALL EFFECT	0	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
2003	7,621	0.0	07/04/05	10,614	6,956	65.5	n/a
2004	8,025	-2.5	02/01/06	11,193	5,823	52.0	n/a
2005	8,618	0.0	10/08/06	11,334	6,957	61.4	n/a
2006	8,967	-12.0	04/21/07	12,220	12,478	102.1	n/a
2007	9,561	0.0	09/30/07	12,520	10,004	79.9	n/a

7.

Expense Constants	Selected Provisions (Liab/PhyDam)
A. Total Production Expense	9.4%/9.4%
B. General Expense	0.6%
C. Taxes, License & Fees	3.0%
D. Underwriting Profit & Contingencies	10.0%/14.6%
E. Other (explain)	
F. TOTAL	23.0%/27.6%

8. N/A 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): _____

NAIC LOSS COST DATA ENTRY DOCUMENT

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

2. 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
3.	A.	USAA GENERAL INDEMNITY COMPANY	B.	200-18600

		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.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(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
Residual Bodily Injury	0	0					
Uninsured Motorists	0	0					
Personal Injury Protection	0	0					
Property Damage	0	0					
Comprehensive	0	0					
Collision	0	0					
TOTAL OVERALL EFFECT	0	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
2003	572	0.0	07/04/05	1,332	651	48.9	n/a
2004	535	-2.3	02/01/06	1,298	698	53.8	n/a
2005	596	0.0	10/08/06	1,254	776	61.9	n/a
2006	703	-1.8	04/21/07	1,034	705	68.2	n/a
2007	1,135	15.7	09/30/07	1,456	1,147	78.8	n/a

7.

Expense Constants	Selected Provisions (Liab/PhyDam)
A. Total Production Expense	9.4%/9.4%
B. General Expense	0.6%
C. Taxes, License & Fees	3.0%
D. Underwriting Profit & Contingencies	10.0%/14.6%
E. Other (explain)	
F. TOTAL	23.0%/27.6%

8. N/A 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): _____

NAIC LOSS COST DATA ENTRY DOCUMENT

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

2. 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
3.	A.	GARRISON PROPERTY AND CASUALTY INSURANCE COMPANY	B.	200-21253

		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.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(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
Residual Bodily Injury	0	0					
Uninsured Motorists	0	0					
Personal Injury Protection	0	0					
Property Damage	0	0					
Comprehensive	0	0					
Collision	0	0					
TOTAL OVERALL EFFECT	0	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
2005	0	n/a	06/23/06	0	0	0	n/a
2006	277	n/a	10/08/06	95	66	69.1	n/a
2007	796	n/a	04/21/07	603	634	105.1	n/a
		3.1%	09/30/07				

7.

Expense Constants	Selected Provisions (Liab/PhyDam)
A. Total Production Expense	9.4%/9.4%
B. General Expense	0.6%
C. Taxes, License & Fees	3.0%
D. Underwriting Profit & Contingencies	10.0%/14.6%
E. Other (explain)	
F. TOTAL	23.0%/27.6%

8. N/A 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

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

3. Group Name	Group NAIC #

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

5. Company Tracking Number	
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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 (give description)
14. Effective Date(s) Requested	New: <input style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

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

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

Check #:
Amount:

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

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

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

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