

SERFF Tracking Number: PHAR-125831828 State: Arkansas
Filing Company: Pharmacists Mutual Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR-APV-01-09-RR
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Personal Auto
Project Name/Number: AR-APV-01-09-RR/AR-APV-01-09-RR

Filing at a Glance

Company: Pharmacists Mutual Insurance Company

Product Name: Personal Auto SERFF Tr Num: PHAR-125831828 State: Arkansas
TOI: 19.0 Personal Auto SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 19.0001 Private Passenger Auto Co Tr Num: AR-APV-01-09-RR State Status: Fees verified and received (PPA)
Filing Type: Rate/Rule Co Status: Reviewer(s): Alexa Grissom, Betty Montesi
Authors: Heidi Allen, Janine MacVey Disposition Date: 09/25/2008
Date Submitted: 09/24/2008 Disposition Status: Filed
Effective Date Requested (New): 01/01/2009 Effective Date (New): 01/01/2009
Effective Date Requested (Renewal): 01/01/2009 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: AR-APV-01-09-RR Status of Filing in Domicile: Authorized
Project Number: AR-APV-01-09-RR Domicile Status Comments:
Reference Organization: ISO Reference Number: PP-2008-RCELC/PP-2008-RCERU/PP-2008-OCEFO
Reference Title: Excess Custom Equipment Coverage Advisory Org. Circular: LI-PA-2008-186/187/188
Filing Status Changed: 09/25/2008
State Status Changed: 09/25/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

Pharmacists Mutual Insurance Company is a member of ISO for our Personal Auto Program in your state. We would like to adopt ISO's filings PP-2008-RCELC, Excess Custom Equipment Coverage Loss Costs Filing and PP-2008-RCERU, Custom Equipment Coverage Rule and Rating Provisions Filing and PP-2008-OCEFO, Custom Equipment Exclusion Endorsement Filing. This is a reference filing, only, as we are making no change to our current loss cost multipliers at this time.

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In addition, I am submitting, for your review, our revised Personal Automobile Manual Exception Pages. With this revision we have revised Rule 23 Multivariate Rating Factors, D. Insurance Score, to state that we use the highest insurance score to determine the surcharge/discount. We have made no other changes to our exception pages as previously approved in filing PHAR-125593733.

We would like to have these changes become effective for all new and renewal policies written on and after January 1, 2009.

Company and Contact

Filing Contact Information

Janine MacVey, Rate Analyst janine.macvey@phmic.com
 PO Box 370 (515) 395-7207 [Phone]
 Algona, IA 50511 (515) 295-9306[FAX]

Filing Company Information

Pharmacists Mutual Insurance Company CoCode: 13714 State of Domicile: Iowa
 808 Highway 18 West Group Code: 775 Company Type: Mutual
 P.O. Box 370
 Algona, IA 50511 Group Name: State ID Number:
 (800) 247-5930 ext. [Phone] FEIN Number: 42-0223390

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Rate/Rule filing to adopt ISO revision with no change in our loss cost multipliers.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pharmacists Mutual Insurance Company	\$50.00	09/24/2008	22702291

SERFF Tracking Number: PHAR-125831828 State: Arkansas
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Product Name: Personal Auto
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	09/25/2008	09/25/2008

SERFF Tracking Number: PHAR-125831828 *State:* Arkansas
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Disposition

Disposition Date: 09/25/2008

Effective Date (New): 01/01/2009

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PHAR-125831828 State: Arkansas
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 Company Tracking Number: AR-APV-01-09-RR
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: Personal Auto
 Project Name/Number: AR-APV-01-09-RR/AR-APV-01-09-RR

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 Personal Auto Manual Exception Pages	Filed	Yes

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Product Name: Personal Auto
Project Name/Number: AR-APV-01-09-RR/AR-APV-01-09-RR

Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	AR Personal Auto Manual Exception Pages	Pages 1-3	Replacement	PHAR-125593733 AR APV Exception Page 01-09.pdf

PHARMACISTS MUTUAL INSURANCE COMPANY
PERSONAL AUTOMOBILE PROGRAM MANUAL
ARKANSAS

Rule 3.E has been withdrawn and replaced by the following:

3.E Premium Determination

This rule is deleted, as Expense Fees will not be added to the premiums.

Rule 4.C.2.c has been withdrawn and replaced by the following:

c. AGE means the age attained within the first six months of the policy period.

Rule 7. has been withdrawn and replaced by the following:

7. Minimum Premium Rule

This rule is deleted.

Rule 9.C. has been amended by the following:

9.C. Minimal Premium Adjustments

The company's "Minimal Premium" is \$5.00.

Rule 10.A. has been withdrawn and replaced by the following:

10.A. If a policy, vehicle or form of coverage is cancelled, return premium will be computed pro rata.

Rule 18.A.2 has been amended by the addition of the following limit option:

18. Increased Limits

- A. Liability Increased Limits Tables
\$25,000/50,000 Bodily Injury Liability Increased Limits

<u>Limit</u>	<u>Factor</u>
500/500	2.08

Rule 19.A.2.a. and 19.A.3.e have been withdrawn and replaced by the following:

19. Miscellaneous Types

Rules 19.A.2.a and 19.A.3.e are deleted, as Expense Fees will not be added to the premiums.

PHARMACISTS MUTUAL INSURANCE COMPANY
PERSONAL AUTOMOBILE PROGRAM MANUAL
ARKANSAS

Rule 22. has been added:

22. Personal Package Discount

If an insured has their Personal Auto and Homeowners/ Mobile Homeowners policies with Pharmacists Mutual a premium credit will be given according to the following rules:

1. **Eligibility** - This rule applies only if Personal Auto and Homeowners/Mobile Homeowners policies are written for the same named insured with Pharmacists Mutual.
2. **Premium Discount** - A 5% credit shall apply separately to each policy, after application of all other premium modifications.
3. **Policy Term** - Policies should be written with concurrent inception or expiration dates if possible.

Rule 23. has been added:

23. Multivariate Rating Factors

- A. Safe Driver – One at-fault accident takes the policy back to year 0. Premium adjustments will be applied to bodily injury liability, property damage liability, medical expenses and the collision sections of the policy.

Accident Free Years	Discount
<4	0%
4 -5	5%
6+	10%

- B. Loyalty - the premium adjustment will be applied to the total policy premium.

# Years Personal Auto Policy with PhMIC	Discount
<4	0%
4	3%
5	3.5%
6	4%
7	5%
8	6%
9	7%
10	8%
11	9%
12+	10%

PHARMACISTS MUTUAL INSURANCE COMPANY

PERSONAL AUTOMOBILE PROGRAM MANUAL

ARKANSAS

- C. Payment Method –Full payment must be received by due date for discount to remain on the policy. If partial or EFT payment chosen, policy will be eligible for full payment option at next renewal date. The premium adjustment will be applied to the total policy premium.

Payment Method	Discount
Partial/EFT	0%
Full	5%

- D. Insurance Score – the highest insurance score of the named insured shown in the Declarations, and the spouse if a resident of the same household, will be used to determine this surcharge/discount. The premium adjustment will be applied to the total policy premium.

Insurance Score	Surcharge/Discount
No Hit/Thin File	0%
Under 600	-15%
600-649	-7.5%
650-749	0%
750-849	5%
850+	10%

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 Product Name: Personal Auto
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Supporting Document Schedules

Satisfied -Name: A-1 Private Passenger Auto
 Abstract

Review Status:
 Filed 09/25/2008

Comments:

Attachment:

Form A-1 PPA Abstract - AR APV 01-09.pdf

Satisfied -Name: APCS-Auto Premium Comparison
 Survey

Review Status:
 Filed 09/25/2008

Comments:

Attachment:

PPA Survey FORM APCS - AR APV 07-08.pdf

Satisfied -Name: NAIC loss cost data entry document

Review Status:
 Filed 09/25/2008

Comments:

Attachment:

loss_cost_data_entry AR APV 01-09.pdf

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

Review Status:
 Filed 09/25/2008

Comments:

Attachments:

NAIC loss cost cover.pdf

RFAF - Liablity.pdf

RFAF - Physical Damage.pdf

Satisfied -Name: Uniform Transmittal Document-
 Property & Casualty

Review Status:
 Filed 09/25/2008

Comments:

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Attachment:

NAIC P&C Trans 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 Pharmacists Mutual Insurance Company
 NAIC # (including group #) NAIC Company #13714; Group #0775

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 10%
- b. Good Student Discount 15%
- c. Multi-car Discount 20%
- d. Accident Free Discount* 0-10%

Please Specify Qualification for Discount:
 Please see the Exceptions Page #PMIC-2 in the filing for criteria.

- e. Anti-Theft Discount 15%
- f. Other (specify) %

Airbag/Seatbelt 30%
 Anti-lock brake 5%
 Personal Package (if have HO and APV) 5%
 Driver Training 25%

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

- A Electronic Funds Transfer = \$1 per month
- B Quarterly: \$5 per installment, not counting the first
- C Semi-annual: \$5 per installment, not counting the first

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
Multi-variate Rating Program		Please see our Technical Appendix attached to the filing.

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



Signature

Janine MacVey

Printed Name

Rate Filing Analyst

Title

800-247-5930, extension 7207

Telephone Number

Janine.MacVey@phmic.com

Email address

AID PC A-1 (1/06)

Private Passenger Auto Premium Comparison Survey Form

FORM APCS - last modified August 2005

NAIC Number: 13714
Company Name: Pharmacists Mutual Insurance Company
Contact Person: Kris Laubenthal
Telephone No.: 800-247-5930, extension 7322
Email Address: Kris.Laubenthal@pnhmic.com
Effective Date: 7/1/2008

Assumptions to Use:

- 1 **Liability** -Minimum \$25,000 per person
- 2 **Bodily Injury** \$50,000 per accident
\$25,000 per accident
- 3 **Property Damage** \$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	30	%
AUTO/HOMEOWNERS	5	%
GOOD STUDENT	15	%
ANTI-THEFT DEVICE	15	%
Over 55 Defensive Driver Discount	10	%
\$250/\$500 Deductible Comp./Coll.	10 (Coll)	%

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			\$715	\$842	\$334	\$319	\$670	\$788	\$316	\$300	\$918	\$1,080	\$429	\$408	\$589	\$692	\$282	\$268
	Minimum Liability with Comprehensive and Collision			\$1,325	\$1,542	\$596	\$565	\$1,268	\$1,468	\$570	\$541	\$1,612	\$1,879	\$725	\$689	\$1,340	\$1,534	\$601	\$571	\$1,625	\$1,881	\$731	\$693
	100/300/50 Liability with Comprehensive and Collision			\$1,472	\$1,709	\$681	\$649	\$1,420	\$1,642	\$658	\$626	\$1,812	\$2,106	\$841	\$802	\$1,476	\$1,689	\$683	\$650	\$1,840	\$2,126	\$853	\$813
2003 Ford Explorer "XLT" 2WD, 4 door	Minimum Liability			\$715	\$842	\$334	\$319	\$670	\$788	\$316	\$300	\$918	\$1,080	\$429	\$408	\$589	\$692	\$282	\$268	\$852	\$1,001	\$401	\$382
	Minimum Liability with Comprehensive and Collision			\$1,461	\$1,693	\$654	\$621	\$1,402	\$1,710	\$630	\$595	\$1,758	\$2,042	\$788	\$747	\$1,522	\$1,735	\$681	\$645	\$1,798	\$2,074	\$806	\$765
	100/300/50 Liability with Comprehensive and Collision			\$1,603	\$1,853	\$738	\$702	\$1,549	\$1,785	\$715	\$679	\$1,951	\$2,261	\$901	\$857	\$1,653	\$1,884	\$760	\$722	\$2,005	\$2,311	\$925	\$880
2003 Honda Odyssey "EX"	Minimum Liability			\$715	\$842	\$334	\$319	\$670	\$788	\$316	\$300	\$918	\$1,080	\$429	\$408	\$589	\$692	\$282	\$268	\$852	\$1,001	\$401	\$382
	Minimum Liability with Comprehensive and Collision			\$1,417	\$1,645	\$635	\$786	\$1,358	\$1,568	\$610	\$578	\$1,709	\$1,989	\$768	\$728	\$1,462	\$1,671	\$656	\$622	\$1,742	\$2,011	\$782	\$742
	100/300/50 Liability with Comprehensive and Collision			\$1,559	\$1,805	\$719	\$684	\$1,505	\$1,735	\$695	\$662	\$1,902	\$2,208	\$881	\$838	\$1,593	\$1,820	\$735	\$699	\$1,949	\$2,248	\$901	\$857
2005 Toyota Camry LE 3.0L 4 door Sedan	Minimum Liability			\$715	\$842	\$334	\$319	\$670	\$788	\$316	\$300	\$918	\$1,080	\$429	\$408	\$589	\$692	\$282	\$268	\$852	\$1,001	\$401	\$382
	Minimum Liability with Comprehensive and Collision			\$1,690	\$1,955	\$751	\$714	\$1,629	\$1,874	\$726	\$687	\$2,020	\$2,342	\$901	\$853	\$1,818	\$2,065	\$809	\$764	\$2,093	\$2,406	\$933	\$884
	100/300/50 Liability with Comprehensive and Collision			\$1,832	\$1,957	\$835	\$795	\$1,776	\$2,041	\$811	\$771	\$2,213	\$2,561	\$1,014	\$963	\$1,949	\$2,561	\$888	\$841	\$2,300	\$2,643	\$1,052	\$999
2003 Cadillac Seville "STS" 4 door Sedan	Minimum Liability			\$715	\$842	\$334	\$319	\$670	\$788	\$316	\$300	\$918	\$1,080	\$429	\$408	\$589	\$692	\$282	\$268	\$852	\$1,001	\$401	\$382
	Minimum Liability with Comprehensive and Collision			\$1,740	\$2,007	\$773	\$734	\$1,686	\$1,932	\$751	\$578	\$2,067	\$2,392	\$922	\$873	\$1,902	\$2,152	\$844	\$800	\$2,167	\$2,481	\$964	\$914
	100/300/50 Liability with Comprehensive and Collision			\$1,882	\$2,167	\$857	\$815	\$1,833	\$2,099	\$836	\$795	\$2,260	\$2,611	\$1,035	\$983	\$2,033	\$2,301	\$923	\$877	\$2,374	\$2,718	\$1,083	\$1,029
1998 Chevrolet Cavalier LS 4D Sedan	Minimum Liability			\$715	\$842	\$334	\$319	\$670	\$788	\$316	\$300	\$918	\$1,080	\$429	\$408	\$589	\$692	\$282	\$268	\$852	\$1,001	\$401	\$382
	Minimum Liability with Comprehensive and Collision			\$1,504	\$1,741	\$671	\$638	\$1,446	\$1,665	\$648	\$614	\$1,804	\$2,095	\$809	\$767	\$1,582	\$1,800	\$708	\$670	\$1,856	\$2,136	\$831	\$789
	100/300/50 Liability with Comprehensive and Collision			\$1,646	\$1,901	\$755	\$719	\$1,593	\$1,832	\$733	\$698	\$1,997	\$2,314	\$922	\$877	\$1,713	\$1,949	\$787	\$747	\$2,063	\$2,373	\$950	\$904

NAIC LOSS COST DATA ENTRY DOCUMENT (EFFECTIVE AUG. 16, 2004)

1.	This filing transmittal is part of Company Tracking #	AR-APV-01-09-RR
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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	ISO – PP-2008-RCELC
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Company Name		Company NAIC Number	
3.	A. Pharmacists Mutual Insurance Company	B.	13714

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

(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
Personal Automobile	Liab: 0.0%	0.0%	.741	.960	1.300		1.300
	Phys Dmg : - 0.0%	0.0%	.703	1.09	1.556		1.556
TOTAL OVERALL EFFECT	0.0%	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	566	9.65	8/15/03	620	364	58.8	64
2004	469	9.70	9/1/04	733	538	73.3	88.7
2005	456	7.10	8/1/05	788	624	79.2	69.9
2006	437	-0.3	8/1/06	801	521	65	74.2
2007	419	0.0	8/1/07	805	349	43	57.5

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	16.0
B. General Expense	6.5
C. Taxes, License & Fees	2.5
D. Underwriting Profit & Contingencies	5.0
E. Other (explain) INVESTMENT INCOME	LI: -4.1 PD: -0.3
F. TOTAL	LI: 25.9 PD: 29.7

8. Y Apply Lost Cost Factors to Future filings? (Y or N)
9. **0.0%** Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
10. **0.0%** Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): Territory 31 _____

Date: 9/24/2008

Space Reserved for Insurance
Department Use

**OTHER THAN WORKERS' COMPENSATION
LOSS COST FILING DOCUMENT COVER FORM**

**INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION
PROSPECTIVE LOSS COSTS**

1. INSURER NAME Pharmacists Mutual Insurance Company _____
ADDRESS PO Box 370 _____
 Algona IA 50511 _____

2. PERSON RESPONSIBLE FOR FILING Janine MacVey _____
TITLE Rate Filing Analyst _____ TELEPHONE # 800-247-5930, ext 7207 _____
3. INSURER NAIC # 13714 _____
4. LINE OF INSURANCE __Personal Automobile _____
5. ADVISORY ORGANIZATION ISO _____
6. PROPOSED RATE LEVEL CHANGE 0.0 _____ % EFFECTIVE DATE 01/01/2009
7. PRIOR RATE LEVEL CHANGE __-3.7%_____ % EFFECTIVE DATE 07/01/2008
8. ATTACH "NAIC LOSS COST FILING DOCUMENT—OTHER THAN WORKERS' COMPENSATION" (Use the above document separately for each insurer elected loss cost multiplier.)

FORM RF2-Reference filing abstract NAIC LOSS COST FILING DOCUMENT—OTHER THAN WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	AR-APV-01-09-RR
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

- Loss Cost Reference Filing** _____ **Independent Rate Filing**
(Advisory Org, & Reference filing #) ISO PP-2008-RCELC

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory 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.

1. 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 advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory 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 advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

Note: Some states have statutes that prohibit this option for some lines of business.

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

2. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: 19.0 Personal Auto – Liability

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:

(Check One):

- Without Modification (factor = 1.000)
- With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) -4.0. We are adopting ISO's revision with no change in our LCM.

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) .96

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-8 BELOW.

4. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

		Selected Provisions	
A.	Total Production Expense	16.0	%
B.	General Expense	6.5	%
C.	Taxes, Licenses & Fee	2.5	%
D.	Underwriting profit & Contingencies (explain how investment income is taken into account)	5.0	%
E.	Other (explain) Investment Income Offset	-4.1	%
F.	Total	25.9	%

5.	A.	Expected Loss Ratio: $ELR = 100\% - 4F = A$	74.1	%
	B.	ELR in Decimal Form =	.741	
6.		Company Formula Loss Cost Multiplier (3B/5B)	1.296	
7.		Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.300	
8.		Rate Level Change for the coverage(s) to which this page applies	0.0%	

FORM RF2-Reference filing abstract NAIC LOSS COST FILING DOCUMENT—OTHER THAN WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	AR-APV-01-09-RR
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

- Loss Cost Reference Filing** _____ **Independent Rate Filing**
 (Advisory Org, & Reference filing #) ISO PP-2008-RCELC

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory 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.

1. 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 advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory 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 advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

Note: Some states have statutes that prohibit this option for some lines of business.

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

2. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: 19.0 Personal Auto – Physical Damage

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:

(Check One):

- Without Modification (factor = 1.000)
- With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) 9% We are adopting ISO's revision with no change to our loss cost multiplier.

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.09

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-8 BELOW.

4. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

		Selected Provisions	
A.	Total Production Expense	16.0	%
B.	General Expense	6.5	%
C.	Taxes, Licenses & Fee	2.5	%
D.	Underwriting profit & Contingencies (explain how investment income is taken into account)	5.0	%
E.	Other (explain) Investment Income Offset	-.3	%
F.	Total	29.7	%

5.	A.	Expected Loss Ratio: $ELR = 100\% - 4F = A$	70.3	%
	B.	ELR in Decimal Form =	.703	
6.		Company Formula Loss Cost Multiplier (3B/5B)	1.550	
7.		Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.550	
8.		Rate Level Change for the coverage(s) to which this page applies	0.0%	

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:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

3. Group Name	Group NAIC #
Pharmacists Mutual Companies	0775

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Pharmacists Mutual Insurance Company	IA	13714	42-0223390	IA 0406

5. Company Tracking Number	AR-APV-01-09-RR
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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
	Janine MacVey, 606 Hwy 18W, Algona, IA 50511	Product Development Analyst	515-395-7207	515-295-9306	janine.macvey@phmic.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Janine M MacVey

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

9. Type of Insurance (TOI)	19.0 Personal Auto
10. Sub-Type of Insurance (Sub-TOI)	19.0001 Private Passenger Auto (PPA)
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Personal Automobile
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" 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: 01/01/2009 Renewal: 01/01/2009
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	ISO
17. Reference Organization # & Title	PP-2008-RCELC & PP-2008-RECRU

18. Company's Date of Filing	09/24/2008
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 #	AR-APV-01-09-RR
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Pharmacists Mutual Insurance Company is a member of ISO for our Personal Auto Program in your state. We would like to adopt ISO's filings PP-2008-RCELC, Excess Custom Equipment Coverage Loss Costs Filing and PP-2008-RCERU, Custom Equipment Coverage Rule and Rating Provisions Filing and PP-2008-OCEFO, Custom Equipment Exclusion Endorsement Filing. This is a reference filing, only, as we are making no change to our current loss cost multipliers at this time.

In addition, I am submitting, for your review, our revised Personal Automobile Manual Exception Pages. With this revision we have revised Rule 23 Multivariate Rating Factors, D. Insurance Score, to state that we use the highest insurance score to determine the surcharge/discount. We have made no other changes to our exception pages as previously approved in filing PHAR-125593733.

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 #: EFT

Amount: \$50

We are adopting ISO's revision with no change to our loss cost multipliers.

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

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.)**