

SERFF Tracking Number: VKNG-125830970 State: Arkansas  
Filing Company: Viking Insurance Company of WI State Tracking Number: EFT \$100  
Company Tracking Number: VIC-10202008-RATE-09VN  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: VIC-10202008-Rate-09VN  
Project Name/Number: VIC-10202008-Rate-09VN/VIC-10202008-Rate-09VN

## Filing at a Glance

Company: Viking Insurance Company of WI

Product Name: VIC-10202008-Rate-09VN

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Filing Type: Rate

SERFF Tr Num: VKNG-125830970 State: Arkansas

SERFF Status: Closed

State Tr Num: EFT \$100

Co Tr Num: VIC-10202008-RATE-09VN

State Status: Fees verified and received

Co Status:

Reviewer(s): Alexa Grissom, Betty Montesi

Authors: Jane Borkowski, Curtis Templin, Lorin Millard, Johanna Beversdorf

Disposition Date: 09/30/2008

Date Submitted: 09/29/2008

Disposition Status: Filed

Effective Date Requested (New): 10/20/2008

Effective Date (New): 10/20/2008

Effective Date Requested (Renewal): 12/03/2008

Effective Date (Renewal): 12/03/2008

State Filing Description:

## General Information

Project Name: VIC-10202008-Rate-09VN

Project Number: VIC-10202008-Rate-09VN

Reference Organization:

Reference Title:

Filing Status Changed: 09/30/2008

State Status Changed: 09/30/2008

Corresponding Filing Tracking Number:

Filing Description:

VIC-10202008-Rate-09VN

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number: VIC-10202008-Rate-09VN

Advisory Org. Circular:

Deemer Date:

## Company and Contact

*SERFF Tracking Number:* VKNG-125830970      *State:* Arkansas  
*Filing Company:* Viking Insurance Company of WI      *State Tracking Number:* EFT \$100  
*Company Tracking Number:* VIC-10202008-RATE-09VN  
*TOI:* 19.0 Personal Auto      *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)  
*Product Name:* VIC-10202008-Rate-09VN  
*Project Name/Number:* VIC-10202008-Rate-09VN/VIC-10202008-Rate-09VN

**Filing Contact Information**

Johanna Beversdorf, Product Manager      johanna.beversdorf@sentry.com  
 1800 North Point Drive      (608) 826-3018 [Phone]  
 Madison, WI 53517      (608) 836-8931[FAX]

**Filing Company Information**

|                                    |                         |                              |
|------------------------------------|-------------------------|------------------------------|
| Viking Insurance Company of WI     | CoCode: 13137           | State of Domicile: Wisconsin |
| 1800 North Point Drive             | Group Code: 169         | Company Type:                |
| Stevens Point, WI 54481            | Group Name:             | State ID Number:             |
| (608) 836-3000 ext. 8263116[Phone] | FEIN Number: 39-1150917 |                              |

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**Filing Fees**

Fee Required?      Yes  
 Fee Amount:      \$100.00  
 Retaliatory?      No  
 Fee Explanation:      1 filing x \$100 = \$100  
 Per Company:      No

| COMPANY                        | AMOUNT   | DATE PROCESSED | TRANSACTION # |
|--------------------------------|----------|----------------|---------------|
| Viking Insurance Company of WI | \$100.00 | 09/29/2008     | 22805333      |

SERFF Tracking Number: VKNG-125830970 State: Arkansas  
Filing Company: Viking Insurance Company of WI State Tracking Number: EFT \$100  
Company Tracking Number: VIC-10202008-RATE-09VN  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: VIC-10202008-Rate-09VN  
Project Name/Number: VIC-10202008-Rate-09VN/VIC-10202008-Rate-09VN

## Correspondence Summary

### Dispositions

| Status | Created By    | Created On | Date Submitted |
|--------|---------------|------------|----------------|
| Filed  | Alexa Grissom | 09/30/2008 | 09/30/2008     |

*SERFF Tracking Number:* VKNG-125830970      *State:* Arkansas  
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*Product Name:* VIC-10202008-Rate-09VN  
*Project Name/Number:* VIC-10202008-Rate-09VN/VIC-10202008-Rate-09VN

## **Disposition**

Disposition Date: 09/30/2008

Effective Date (New): 10/20/2008

Effective Date (Renewal): 12/03/2008

Status: Filed

Comment:

Rate data does NOT apply to filing.



*SERFF Tracking Number:* VKNG-125830970      *State:* Arkansas  
*Filing Company:* Viking Insurance Company of WI      *State Tracking Number:* EFT \$100  
*Company Tracking Number:* VIC-10202008-RATE-09VN  
*TOI:* 19.0 Personal Auto      *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)  
*Product Name:* VIC-10202008-Rate-09VN  
*Project Name/Number:* VIC-10202008-Rate-09VN/VIC-10202008-Rate-09VN

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: VKNG-125830970 State: Arkansas  
Filing Company: Viking Insurance Company of WI State Tracking Number: EFT \$100  
Company Tracking Number: VIC-10202008-RATE-09VN  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: VIC-10202008-Rate-09VN  
Project Name/Number: VIC-10202008-Rate-09VN/VIC-10202008-Rate-09VN

## Supporting Document Schedules

**Satisfied -Name:** A-1 Private Passenger Auto  
Abstract  
**Review Status:** Filed 09/30/2008

**Comments:**  
VIC-10202008-Rate-09VN

Form A-1

**Attachment:**  
FORM A-1 Private Passenger Auto Abstract 09VN 10-20-2008 Final.pdf

**Satisfied -Name:** APCS-Auto Premium Comparison  
Survey  
**Review Status:** Filed 09/30/2008

**Comments:**  
VIC-10202008-RATE-09VN

PPA Survey

The PPA survey below has the same information but has been submitted in 2 formats.

Please note: We do not carry 100/300 limits. We substituted the 100/300 with 50/100.

**Attachments:**  
PPA Survey FORM APCS 10-20-2008 - Final.xls  
PPA Survey Form APCS.pdf

**Satisfied -Name:** NAIC loss cost data entry document  
**Review Status:** Filed 09/30/2008

**Comments:**  
VIC-10202008-RATE-09VN

RF-1 Rate Filing NAIC Loss Cost Data Entry Document

**Attachment:**  
NAIC Loss Cost Data Entry Document.pdf

SERFF Tracking Number: VKNG-125830970 State: Arkansas  
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Company Tracking Number: VIC-10202008-RATE-09VN  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: VIC-10202008-Rate-09VN  
Project Name/Number: VIC-10202008-Rate-09VN/VIC-10202008-Rate-09VN

**Satisfied -Name:** NAIC Loss Cost Filing Document for OTHER than Workers' Comp  
**Review Status:** Filed 09/30/2008

**Comments:**  
VIC-10202008-RATE-09VN

NAIC Loss Cost Filing Document for OTHER than Worker's Comp

**Attachment:**  
Form RF-2 NAIC Loss Cost Filing.pdf

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty  
**Review Status:** Filed 09/30/2008

**Comments:**  
VIC-10202008-RATE-09VN

Uniform Transmittal Document - Property & Casualty

**Attachment:**  
Property & Casualty Transmittal Document.pdf

**Satisfied -Name:** VIC-10202008-RATE-09VN  
**Review Status:** Filed 09/30/2008

**Comments:**  
VIC-10202008-RATE-09VN

Cover Letter and Exhibits

Exhibit include Indications, Off Balance and Base Rates.

**Attachments:**  
Dairyland Auto Filing - Cover Letter Final.pdf  
Exhibit 1 - Indications.pdf  
Exhibit 2 - Off Balance.pdf  
Exhibit 3 - Base Rates.pdf

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 homeowners rate/rule submission that do not alter the information contained herein need not include this form.

Company Name Viking Insurance Company of Wisconsin\Viking VN Product  
NAIC No. 13137 Group No. 169

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

2. Do you furnish a market for young drivers? YES  
Over age 65 drivers? YES

3. Do you require collateral business to support a youthful driver risk? NO

4. Do you insure driver with an international or foreign driver's license? YES

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

- a. Driver Over 55 0 %
- b. Good Student Discount 5 %
- c. Multi-car Discount BI-2, PD-7, CF-2, CL-4, MP-3, PIP-7, UM-11, UIM-11, UMPD-11 %
- d. Accident Free Discount\* 0 %  
\*Please Specify Qualification for Discount \_\_\_\_\_
- e. Anti-theft Discount 0 %
- f. Other (specify) \_\_\_\_\_ %
  - Transfer BI-15, PD-14, CF-17, CL-12, MP-1, PIP-8, UM-17, UIM-17, UMPD-17 %
  - Paid in Full BI-9, PD-8, CF-15, CL-3, MP-8, PIP-1, UM-10, UIM-1, UMPD-1 %
  - Defensive Driver 5 %

6. Do you have an installment payment plan for automobile insurance? YES  
If so, what is the fee for installment payments? \$8

7. Does your company utilize a tiered rating plan? NO If so, list the programs and percentage difference.  
\_\_\_\_\_ State the current volume for each  
program.  
\_\_\_\_\_  
\_\_\_\_\_

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

Johanna Beversdorf  
Signature  
Product Analyst  
Title  
800-322-2733 Ext. 8263018  
Telephone Number

*SERFF Tracking Number:* VKNG-125830970                      *State:* Arkansas  
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*Project Name/Number:* VIC-10202008-Rate-09VN/VIC-10202008-Rate-09VN

Attachment "PPA Survey FORM APCS 10-20-2008 - Final.xls" is not a PDF document and cannot be reproduced here.

## Private Passenger Auto Premium Comparison Survey Form

*FORM APCS - last modified August 2005*

**NAIC Number:** 13137  
**Company Name:** Viking Insurance Co. of WI  
**Contact Person:** Johanna Beversdorf  
**Telephone No.:** 608-826-3018  
**Email Address:** [johanna.beversdorf@sentry.com](mailto:johanna.beversdorf@sentry.com)  
**Effective Date:** 10/20/2008

**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](mailto:insurance.pnc@arkansas.gov)  
 You may also attach to a SERFF filing or submit on a compact disk

**DISCOUNTS OFFERED:**

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

| Vehicle   | Coverages   | Gender | Age     | Fayetteville 72701   |                   |                   |                   | Trumann 72472 |         |                   |                   | Little Rock 72201 |         |                   |                   | Lake Village 71653 |         |                   |                   | Pine Bluff 71601 |         |                   |                   |
|---|---|--------|---------|--|-------------------|-------------------|-------------------|---------------|---------|-------------------|-------------------|-------------------|---------|-------------------|-------------------|--------------------|---------|-------------------|-------------------|------------------|---------|-------------------|-------------------|
|   |   |        |         | 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 |                   |                   | \$1,274       | \$1,395 | \$581             | \$518             | \$1,269           | \$1,391 | \$578             | \$517             | \$2,190            | \$2,435 | \$958             | \$879             | \$1,269          | \$1,391 | \$578             | \$517             |
| Minimum Liability with Comprehensive and Collision    |   |        | \$2,211 |  | \$2,712           | \$1,059           | \$924             | \$2,304       | \$2,833 | \$1,115           | \$964             | \$3,342           | \$4,035 | \$1,549           | \$1,376           | \$2,304            | \$2,833 | \$1,115           | \$964             | \$2,791          | \$3,384 | \$1,327           | \$1,158           |
| 100/300/50 Liability with Comprehensive and Collision |   |        | \$2,343 |  | \$2,869           | \$1,112           | \$982             | \$2,436       | \$2,990 | \$1,168           | \$1,021           | \$3,582           | \$4,322 | \$1,644           | \$1,481           | \$2,436            | \$2,990 | \$1,168           | \$1,021           | \$2,971          | \$3,600 | \$1,400           | \$1,237           |
| 2003 Ford Explorer "XLT" 2WD, 4 door                  | Minimum Liability                                     |        |         | \$1,309  | \$1,428           | \$599             | \$531             | \$1,304       | \$1,424 | \$596             | \$529             | \$2,250           | \$2,493 | \$988             | \$901             | \$1,304            | \$1,424 | \$596             | \$529             | \$1,758          | \$1,927 | \$793             | \$709             |
|   | Minimum Liability with Comprehensive and Collision    |        |         | \$2,713  | \$3,425           | \$1,308           | \$1,191           | \$2,832       | \$3,580 | \$1,380           | \$1,244           | \$3,941           | \$4,875 | \$1,847           | \$1,691           | \$2,832            | \$3,580 | \$1,380           | \$1,244           | \$3,347          | \$4,167 | \$1,605           | \$1,451           |
|   | 100/300/50 Liability with Comprehensive and Collision |        |         | \$2,849  | \$3,587           | \$1,363           | \$1,251           | \$2,967       | \$3,742 | \$1,434           | \$1,303           | \$4,189           | \$5,171 | \$1,946           | \$1,799           | \$2,967            | \$3,742 | \$1,434           | \$1,303           | \$3,533          | \$4,389 | \$1,680           | \$1,533           |
| 2003 Honda Odyssey "EX"                               | Minimum Liability                                     |        |         | \$1,276  | \$1,388           | \$587             | \$519             | \$1,271       | \$1,384 | \$584             | \$517             | \$2,189           | \$2,419 | \$967             | \$879             | \$1,271            | \$1,384 | \$584             | \$517             | \$1,713          | \$1,872 | \$777             | \$692             |
|   | Minimum Liability with Comprehensive and Collision    |        |         | \$2,493  | \$3,107           | \$1,207           | \$1,088           | \$2,610       | \$3,260 | \$1,277           | \$1,140           | \$3,670           | \$4,489 | \$1,725           | \$1,566           | \$2,610            | \$3,260 | \$1,277           | \$1,140           | \$3,105          | \$3,820 | \$1,495           | \$1,339           |
|   | 100/300/50 Liability with Comprehensive and Collision |        |         | \$2,628  | \$3,268           | \$1,261           | \$1,147           | \$2,744       | \$3,420 | \$1,332           | \$1,199           | \$3,915           | \$4,782 | \$1,823           | \$1,674           | \$2,744            | \$3,420 | \$1,332           | \$1,199           | \$3,289          | \$4,040 | \$1,569           | \$1,420           |
| 2005 Toyota Camry LE 3.0L 4 door Sedan                | Minimum Liability                                     |        |         | \$1,273  | \$1,360           | \$597             | \$513             | \$1,266       | \$1,356 | \$593             | \$511             | \$2,170           | \$2,359 | \$977             | \$864             | \$1,266            | \$1,356 | \$593             | \$511             | \$1,704          | \$1,832 | \$788             | \$683             |
|   | Minimum Liability with Comprehensive and Collision    |        |         | \$2,703  | \$3,401           | \$1,317           | \$1,187           | \$2,811       | \$3,543 | \$1,381           | \$1,235           | \$3,882           | \$4,779 | \$1,843           | \$1,666           | \$2,811            | \$3,543 | \$1,381           | \$1,235           | \$3,312          | \$4,105 | \$1,606           | \$1,436           |
|   | 100/300/50 Liability with Comprehensive and Collision |        |         | \$2,835  | \$3,558           | \$1,370           | \$1,245           | \$2,943       | \$3,700 | \$1,434           | \$1,293           | \$4,122           | \$5,065 | \$1,939           | \$1,771           | \$2,943            | \$3,700 | \$1,434           | \$1,293           | \$3,492          | \$4,320 | \$1,678           | \$1,515           |
| 2003 Cadillac Seville "STS" 4 door Sedan              | Minimum Liability                                     |        |         | \$1,248  | \$1,343           | \$582             | \$505             | \$1,242       | \$1,339 | \$578             | \$503             | \$2,131           | \$2,332 | \$953             | \$852             | \$1,242            | \$1,339 | \$578             | \$503             | \$1,672          | \$1,809 | \$769             | \$672             |
|   | Minimum Liability with Comprehensive and Collision    |        |         | \$2,996  | \$3,803           | \$1,486           | \$1,321           | \$3,203       | \$4,070 | \$1,611           | \$1,413           | \$4,267           | \$5,307 | \$2,067           | \$1,842           | \$3,203            | \$4,070 | \$1,611           | \$1,413           | \$3,695          | \$4,627 | \$1,830           | \$1,611           |
|   | 100/300/50 Liability with Comprehensive and Collision |        |         | \$3,125  | \$3,957           | \$1,538           | \$1,378           | \$3,332       | \$4,224 | \$1,663           | \$1,469           | \$4,501           | \$5,588 | \$2,161           | \$1,944           | \$3,332            | \$4,224 | \$1,663           | \$1,469           | \$3,872          | \$4,838 | \$1,901           | \$1,688           |
| 1998 Chevrolet Cavalier LS 4D Sedan                   | Minimum Liability                                     |        |         | \$1,222  | \$1,314           | \$571             | \$496             | \$980         | \$1,310 | \$568             | \$494             | \$2,084           | \$2,280 | \$934             | \$835             | \$1,216            | \$1,310 | \$568             | \$494             | \$1,637          | \$1,770 | \$754             | \$660             |
|   | Minimum Liability with Comprehensive and Collision    |        |         | \$1,928  | \$2,299           | \$931             | \$824             | \$1,996       | \$2,389 | \$972             | \$854             | \$2,959           | \$3,485 | \$1,382           | \$1,237           | \$1,996            | \$2,389 | \$972             | \$854             | \$2,454          | \$2,898 | \$1,176           | \$1,036           |
|   | 100/300/50 Liability with Comprehensive and Collision |        |         | \$2,056  | \$2,452           | \$983             | \$880             | \$2,124       | \$2,542 | \$1,024           | \$910             | \$3,192           | \$3,764 | \$1,475           | \$1,339           | \$2,124            | \$2,542 | \$1,024           | \$910             | \$2,629          | \$3,107 | \$1,247           | \$1,113           |

**NAIC LOSS COST DATA ENTRY DOCUMENT**

|    |   |                                  |
|----|---|----------------------------------|
| 1. | This filing transmittal is part of Company Tracking # | <b>Viking-10202008-Rate-09VN</b> |
|----|---|----------------------------------|

|    |   |  |
|----|---|--|
| 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.           | <b>A. Viking Insurance Company of Wisconsin</b> | <b>B.</b>           | <b>13137</b> |

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

|                                |                                     |                                     |                        |                                     |                                     |  |  |
|--------------------------------|-------------------------------------|-------------------------------------|------------------------|-------------------------------------|-------------------------------------|--|--|
| 5.                             |                                     |                                     | FOR LOSS COSTS ONLY    |                                     |                                     |  |  |
| (A)                            | (B)                                 | (C)                                 | (D)                    | (E)                                 | (F)                                 | (G)                                    | (H)                                    |
| COVERAGE<br>(See Instructions) | Indicated<br>% Rate<br>Level Change | Requested<br>% Rate<br>Level Change | Expected<br>Loss Ratio | Loss Cost<br>Modification<br>Factor | Selected<br>Loss Cost<br>Multiplier | Expense<br>Constant<br>(If Applicable) | Co. Current<br>Loss Cost<br>Multiplier |
| <b>BI</b>                      | <b>.9%</b>                          | <b>2.0%</b>                         | <b>X</b>               | <b>X</b>                            | <b>X</b>                            | <b>X</b>                               | <b>X</b>                               |
| <b>PD</b>                      | <b>5.0%</b>                         | <b>4.0%</b>                         | <b>X</b>               | <b>X</b>                            | <b>X</b>                            | <b>X</b>                               | <b>X</b>                               |
| <b>COMP</b>                    | <b>25.4%</b>                        | <b>2.0%</b>                         | <b>X</b>               | <b>X</b>                            | <b>X</b>                            | <b>X</b>                               | <b>X</b>                               |
| <b>COLL</b>                    | <b>-2.8%</b>                        | <b>0.0%</b>                         | <b>X</b>               | <b>X</b>                            | <b>X</b>                            | <b>X</b>                               | <b>X</b>                               |
| <b>UM</b>                      | <b>-1.1%</b>                        | <b>0.0%</b>                         | <b>X</b>               | <b>X</b>                            | <b>X</b>                            | <b>X</b>                               | <b>X</b>                               |
| <b>MP/PIP</b>                  | <b>-2.0%/-3.3%</b>                  | <b>0.0%/0.0%</b>                    | <b>X</b>               | <b>X</b>                            | <b>X</b>                            | <b>X</b>                               | <b>X</b>                               |
| TOTAL OVERALL<br>EFFECT        | <b>3.4%</b>                         | <b>2.4%</b>                         |                        |                                     |                                     |  |  |

|             |               |                |                     |                            |                       |                  |                        |  |
|-------------|---------------|----------------|---------------------|----------------------------|-----------------------|------------------|------------------------|--|
| 6.          |               | 5 Year History | Rate Change History |                            |                       |                  |                        |  |
| Year        | Policy Count  | % of Change    | Effective Date      | State Earned Premium (000) | Incurred Losses (000) | State Loss Ratio | Countrywide Loss Ratio |  |
| <b>2006</b> | <b>11,952</b> | <b>2.4</b>     | <b>05/08/06</b>     | <b>\$9,567</b>             | <b>\$6,864</b>        | <b>71.7%</b>     | <b>60.0%</b>           |  |
| <b>2006</b> | <b>11,935</b> | <b>5.6</b>     | <b>09/18/06</b>     | <b>\$9,567</b>             | <b>\$6,864</b>        | <b>71.7%</b>     | <b>60.0%</b>           |  |
| <b>2007</b> | <b>11,630</b> | <b>3.6</b>     | <b>02/12/07</b>     | <b>\$8,420</b>             | <b>\$4,380</b>        | <b>52.0%</b>     | <b>55.8%</b>           |  |
| <b>2007</b> | <b>7,147</b>  | <b>-3.0</b>    | <b>12/17/07</b>     | <b>\$8,420</b>             | <b>\$4,380</b>        | <b>52.0%</b>     | <b>55.8%</b>           |  |
| <b>2008</b> | <b>9,057</b>  | <b>2.0</b>     | <b>8/25/08</b>      | <b>\$5,524</b>             | <b>\$2,860</b>        | <b>51.8%</b>     | <b>45.2%</b>           |  |
|             |               |                |                     |                            |                       |                  |                        |  |
|             |               |                |                     |                            |                       |                  |                        |  |

|  |                     |
|--|---------------------|
| 7.                                     |                     |
| Expense Constants                      | Selected Provisions |
| A. Total Production Expense            | <b>14.5</b>         |
| B. General Expense                     | <b>13.4</b>         |
| C. Taxes, License & Fees               | <b>2.5</b>          |
| D. Underwriting Profit & Contingencies | <b>4.2</b>          |
| E. Other (explain)                     | <b>0.00</b>         |
| F. TOTAL                               | <b>34.6</b>         |

8.   N   Apply Lost Cost Factors to Future filings? (Y or N)
9.   3.0%   Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): \_\_\_\_\_
10.   0.0%   Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): \_\_\_\_\_

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

CALCULATION OF COMPANY LOSS COST MULTIPLIER

|   |                        |
|---|------------------------|
| <b>This filing transmittal is part of Company Tracking #</b>  | VIC-10202008-Rate-09VN |
| <b>This filing corresponds to form filing number</b><br>(Company tracking number of form filing, if applicable) |                        |

- Loss Cost Reference Filing** \_\_\_\_\_  **Independent Rate Filing**  
(Advisory Org, & Reference filing #)

**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: \_\_\_\_\_**

**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.) \_\_\_\_\_

**B.** Loss Cost Modification Expressed as a Factor: (See Examples Below) \_\_\_\_\_

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  | %                   |
| B. | General Expense   | %                   |
| C. | Taxes, Licenses & Fee   | %                   |
| D. | Underwriting profit & Contingencies (explain how investment income is taken into account) | %                   |
| E. | Other (explain)   | %                   |
| F. | Total   | %                   |

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

Property & Casualty Transmittal Document

Reset Form

**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

|                                       |                  |               |               |                |                     |     |
|---------------------------------------|------------------|---------------|---------------|----------------|---------------------|-----|
| <b>3. Group Name</b>                  | Sentry Insurance |               |               |                | <b>Group NAIC #</b> | 169 |
| <b>4. Company Name(s)</b>             | <b>Domicile</b>  | <b>NAIC #</b> | <b>FEIN #</b> | <b>State #</b> |                     |     |
| Viking Insurance Company of Wisconsin |                  | 13137         |               |                |                     |     |
|                                       |                  |               |               |                |                     |     |
|                                       |                  |               |               |                |                     |     |
|                                       |                  |               |               |                |                     |     |
|                                       |                  |               |               |                |                     |     |

**5. Company Tracking Number** VIC-10202008-Rate-09VN

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

|   |                 |                                   |              |                               |
|---|-----------------|-----------------------------------|--------------|-------------------------------|
| <b>6. Name and address</b>                      | <b>Title</b>    | <b>Telephone #s</b>               | <b>FAX #</b> | <b>e-mail</b>                 |
| Johanna Beversdorf                              | Product Analyst | 800-322-2733<br>extension 8263018 | 608-836-8931 | johanna.beversdorf@sentry.com |
| <b>7. Signature of authorized filer</b>         |                 | <i>Johanna Beversdorf</i>         |              |                               |
| <b>8. Please print name of authorized filer</b> |                 | Johanna Beversdorf                |              |                               |

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

|   |  |
|---|--|
| <b>9. Type of Insurance (TOI)</b>   | 19.0 Personal Auto   |
| <b>10. Sub-Type of Insurance (Sub-TOI)</b>  | 19.0001 Private Passenger Auto (PPA)   |
| <b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b> |  |
| <b>12. Company Program Title (Marketing title)</b>  | Dairyland Auto   |
| <b>13. Filing Type</b>  | <input checked="" type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules<br><input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms<br><input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| <b>14. Effective Date(s) Requested</b>  | New: 10-20-2008      Renewal: 12-03-2008   |
| <b>15. Reference Filing?</b>  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| <b>16. Reference Organization (if applicable)</b>   |  |
| <b>17. Reference Organization # &amp; Title</b>   |  |
| <b>18. Company's Date of Filing</b>   | 10-20-2008   |
| <b>19. Status of filing in domicile</b>   | <input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved  |

## Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # VIC-10202008-Rate-09VN

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

Please see our filing attached below.

[View Complete Filing Description](#)

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:

1 Filing x \$100.00 per filing = \$100.00

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.)

PC TD-1 pg 2 of 2

## 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.)

|           |  |                                       |  |  |  |
|-----------|--|---------------------------------------|--|--|--|
| <b>1.</b> | <b>This filing transmittal is part of Company Tracking #</b>   |                                       |  |  |  |
| <b>2.</b> | <b>This filing corresponds to rate/rule filing number</b><br><small>(Company tracking number of rate/rule filing, if applicable)</small> |                                       |  |  |  |
| <b>3.</b> | <b>Form Name /Description/Synopsis</b>   | <b>Form #</b><br>Include edition date | <b>Replacement Or withdrawn?</b>   | <b>If replacement, give form # it replaces</b> | <b>Previous state filing number,</b><br>if required by state |
| 01        |  |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |  |
| 02        |  |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |  |
| 03        |  |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |  |
| 04        |  |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |  |
| 05        |  |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |  |
| 06        |  |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |  |
| 07        |  |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |  |
| 08        |  |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |  |
| 09        |  |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |  |
| 10        |  |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |  |

PC FFS-1

## RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

|           |   |                        |
|-----------|---|------------------------|
| <b>1.</b> | <b>This filing transmittal is part of Company Tracking #</b>  | VIC-10202008-Rate-09VN |
| <b>2.</b> | <b>This filing corresponds to form filing number</b><br>(Company tracking number of form filing, if applicable)                     |                        |
|           | <input checked="" type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input type="checkbox"/> Rate Neutral (0%) |                        |

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

| Company Name                      | Overall % Indicated Change (when applicable) | Overall % Rate Impact | Written premium change for this program | # of policyholders affected for this program | Written premium for this program | Maximum % Change (where required) | Minimum % Change (where required) |
|-----------------------------------|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| Viking Insurance Co. Of Wisconsin | 3.4%   | 2.4%                  | \$155,567                               | 9,057  | \$6,481,961                      |                                   |                                   |

|            |  |  |  |  |  |  |  |
|------------|--|--|--|--|--|--|--|
| <b>4b.</b> | <b>Rate Change by Company (As Accepted) For State Use Only</b> |  |  |  |  |  |  |
|------------|--|--|--|--|--|--|--|

| Company Name | Overall % Indicated Change (when applicable) | Overall % Rate Impact | Written premium change for this program | # of policyholders affected for this program | Written premium for this program | Maximum % Change | Minimum % Change |
|--------------|--|-----------------------|---|--|----------------------------------|------------------|------------------|
|              |  |                       |   |  |                                  |                  |                  |

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

|           |  |            |
|-----------|--|------------|
| <b>6.</b> | Overall percentage of last rate revision                                   | 2.0%       |
| <b>7.</b> | Effective Date of last rate revision                                       | 08-25-2008 |
| <b>8.</b> | Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.) | File & Use |

| 9. | Rule # or Page # Submitted for Review | Replacement or withdrawn?  | Previous state filing number, if required by state |
|----|---------------------------------------|--|--|
| 01 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |
| 02 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |
| 03 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |

Dairyland Auto  
1224 Deming Way  
Madison, WI 53717-1954

800 334-0090

**DAIRYLAND  
AUTO**

P.O. Box 5365  
Madison, WI 53705-0365

September 29, 2008

Hon. Mike Pickens  
Insurance Commissioner  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904  
Attn: Mr. Bill Lacy, Director, Property & Casualty Division

**RE: VIKING INSURANCE COMPANY OF WISCONSIN (NAIC#13137)  
Rate Revision Effective Date 10/20/2008 – VIKING VN**

Mr. Lacy:

With our October 20<sup>th</sup>, 2008 revision we plan to change base rates for BI, PD and Comp for our Viking VN product. The overall rate change for the Viking VN product will be +2.4%.

The maximum increase to any one insured with this revision is 3.0%. The minimum increase to any one insured with this revision is 2.4%. No insureds will see a decrease with this revision.

Attached you can find supporting exhibits that include indications, off-balance, and base rates. Thank you for your consideration.

If you have any questions or need additional information, please call me at 1-800-322-2733, ext. 8263018 or Product Manager John Prevost at 1-800-322-2733, ext. 8263138.

Sincerely,  
  
Johanna Beversdorf  
Product Analyst  
Dairyland Auto  
johanna.beversdorf@sentry.com  
608-826-3018

As of 6/30/2008  
Trended to 1/30/2009

**Arkansas**  
07 00 09 VN

| Rolling Accident Year<br>(Q#=Quarter#)  |           | BI        | PD        | UM      | MP      | PIP     | Total<br>Liability | COMP                       | COLL      | Physical<br>Damage | TOTAL      |
|---|-----------|-----------|-----------|---------|---------|---------|--------------------|----------------------------|-----------|--------------------|------------|
| <b>1 Earned Premium</b>   | Q305-Q206 | 1,375,642 | 1,532,099 | 131,564 | 2,602   | 24,273  | 3,066,179          | 236,508                    | 560,670   | 797,178            | 3,863,357  |
| <b>Excluding fees</b>   | Q306-Q207 | 3,163,509 | 3,390,925 | 308,585 | 6,618   | 62,841  | 6,932,478          | 556,953                    | 1,354,882 | 1,911,835          | 8,844,313  |
|   | Q307-Q208 | 2,824,264 | 2,789,643 | 243,158 | 4,578   | 42,952  | 5,904,596          | 375,730                    | 889,529   | 1,265,258          | 7,169,854  |
| <b>2 Model Year and Symbol Drift</b>  | Q305-Q206 | 1.000     | 1.000     | 1.000   | 1.000   | 1.000   |                    | 1.152                      | 1.275     |                    |            |
|   | Q306-Q207 | 1.000     | 1.000     | 1.000   | 1.000   | 1.000   |                    | 1.100                      | 1.179     |                    |            |
|   | Q307-Q208 | 1.000     | 1.000     | 1.000   | 1.000   | 1.000   |                    | 1.051                      | 1.090     |                    |            |
| <b>3 Fees Policy, Rein., or Service</b>                                       | Q305-Q206 | 126,198   | 140,551   | 12,069  | 239     | 2,227   | 281,285            | 21,697                     | 51,435    | 73,131             | 354,416    |
|   | Q306-Q207 | 220,968   | 236,853   | 21,554  | 462     | 4,389   | 484,228            | 38,903                     | 94,637    | 133,540            | 617,768    |
|   | Q307-Q208 | 182,868   | 180,627   | 15,744  | 296     | 2,781   | 382,317            | 24,328                     | 57,596    | 81,924             | 464,241    |
| <b>4 Case Incurred Losses and ALAE</b>  | Q305-Q206 | 1,547,940 | 1,100,570 | 41,373  | 2,100   | 0       | 2,691,982          | 231,722                    | 413,302   | 645,024            | 3,337,006  |
|   | Q306-Q207 | 2,153,393 | 2,279,442 | 202,372 | 0       | 24,755  | 4,659,961          | 433,231                    | 846,391   | 1,279,622          | 5,939,583  |
|   | Q307-Q208 | 821,521   | 1,461,489 | 91,058  | 1,250   | 15,766  | 2,391,084          | 523,344                    | 538,980   | 1,062,324          | 3,453,408  |
| <b>5 Loss Develop. Factors CASE</b>   | Q305-Q206 | 1.075     | 1.003     | 1.000   | 1.000   | 1.000   | 1.044              | 1.000                      | 1.000     | 1.000              |            |
| <b>State BI,PD,CL,CP Idf's</b>  | Q306-Q207 | 1.140     | 1.011     | 1.038   | 1.000   | 1.000   | 1.072              | 1.000                      | 0.998     | 0.999              |            |
|   | Q307-Q208 | 1.878     | 1.101     | 1.089   | 0.764   | 0.764   | 1.365              | 1.045                      | 0.974     | 1.009              |            |
| <b>6 Projected L/R before trend (4x5)/(1+3)</b>                               | Q305-Q206 | 110.8%    | 66.0%     | 28.8%   | 73.9%   | 0.0%    | 84.0%              | 89.7%                      | 67.5%     | 74.1%              | 81.9%      |
|   | Q306-Q207 | 72.5%     | 63.5%     | 63.6%   | 0.0%    | 36.8%   | 67.3%              | 72.7%                      | 58.3%     | 62.5%              | 66.3%      |
|   | Q307-Q208 | 51.3%     | 54.2%     | 38.3%   | 19.6%   | 26.3%   | 51.9%              | 136.7%                     | 55.4%     | 79.6%              | 56.8%      |
| <b>7a Rate level adjustment factors (Premium Factors)</b>                     | Q305-Q206 | 1.188     | 0.986     | 0.859   | 0.708   | 0.916   | 1.070              | 1.123                      | 0.771     | 0.875              | 1.030      |
|   | Q306-Q207 | 1.160     | 1.050     | 0.971   | 0.976   | 0.952   | 1.096              | 1.077                      | 0.992     | 1.017              | 1.079      |
|   | Q307-Q208 | 1.020     | 0.994     | 0.982   | 0.963   | 0.962   | 1.006              | 0.981                      | 0.959     | 0.966              | 0.999      |
| <b>7b (Fee Factors)</b>   | Q305-Q206 | 0.512     | 0.512     | 0.512   | 0.512   | 0.512   | 0.512              | 0.512                      | 0.512     | 0.512              | 0.512      |
|   | Q306-Q207 | 0.822     | 0.822     | 0.822   | 0.822   | 0.822   | 0.822              | 0.822                      | 0.822     | 0.822              | 0.822      |
|   | Q307-Q208 | 1.000     | 1.000     | 1.000   | 1.000   | 1.000   | 1.000              | 1.000                      | 1.000     | 1.000              | 1.000      |
| <b>8 Earned Premiums at current rate levels (1x2x7a)+(3x7b)</b>               | Q305-Q206 | 1,698,891 | 1,582,629 | 119,194 | 1,965   | 23,374  | 3,426,053          | 317,081                    | 577,493   | 894,574            | 4,320,628  |
|   | Q306-Q207 | 3,851,267 | 3,755,123 | 317,350 | 6,840   | 63,431  | 7,994,011          | 691,794                    | 1,662,402 | 2,354,196          | 10,348,207 |
|   | Q307-Q208 | 3,063,618 | 2,953,532 | 254,526 | 4,705   | 44,101  | 6,320,482          | 411,717                    | 987,429   | 1,399,146          | 7,719,628  |
| <b>9 Loss Trend Factors</b>   | Q305-Q206 | 0.909     | 1.041     | 0.909   | 0.924   | 1.112   |                    | 0.877                      | 1.026     |                    |            |
|   | Q306-Q207 | 0.964     | 1.034     | 0.964   | 0.979   | 1.075   |                    | 0.942                      | 1.027     |                    |            |
|   | Q307-Q208 | 1.022     | 1.027     | 1.022   | 1.038   | 1.038   |                    | 1.011                      | 1.027     |                    |            |
| <b>10 Projected Loss and ALAE ratio - using on-level premiums [(4x5x9)/8]</b> | Q305-Q206 | 89.0%     | 72.6%     | 31.6%   | 98.8%   | 0.0%    | 78.8%              | 64.1%                      | 73.4%     | 70.1%              | 77.0%      |
|   | Q306-Q207 | 61.4%     | 63.5%     | 63.8%   | 0.0%    | 42.0%   | 62.3%              | 59.0%                      | 52.2%     | 54.2%              | 60.4%      |
|   | Q307-Q208 | 51.5%     | 56.0%     | 39.8%   | 21.1%   | 28.4%   | 52.9%              | 134.3%                     | 54.6%     | 78.1%              | 57.5%      |
|   | Q305-Q208 | 63.3%     | 62.5%     | 49.4%   | 21.7%   | 29.9%   | 62.1%              | 82.0%                      | 56.7%     | 64.4%              | 62.6%      |
|   | Q306-Q208 | 57.0%     | 60.2%     | 53.1%   | 8.6%    | 36.4%   | 58.1%              | 87.1%                      | 53.1%     | 63.1%              | 59.2%      |
| <b>11 Pure Need (LR + ULAE + FE) -1 (1-VE-PP)</b>                             | Q305-Q206 | 41.5%     | 20.7%     | -31.3%  | 54.0%   | -71.4%  | 28.6%              | 9.9%                       | 21.7%     | 17.6%              | 26.3%      |
|   | Q306-Q207 | 6.5%      | 9.2%      | 9.5%    | -71.4%  | -18.1%  | 7.6%               | 3.5%                       | -5.2%     | -2.7%              | 5.2%       |
|   | Q307-Q208 | -6.1%     | -0.4%     | -20.9%  | -44.6%  | -35.4%  | -4.3%              | 99.0%                      | -2.1%     | 27.6%              | 1.5%       |
|   | Q305-Q208 | 8.9%      | 7.9%      | -8.7%   | -43.9%  | -33.5%  | 7.4%               | 32.6%                      | 0.5%      | 10.3%              | 8.0%       |
|   | Q306-Q208 | 0.9%      | 5.0%      | -4.0%   | -60.5%  | -25.2%  | 2.3%               | 39.1%                      | -4.0%     | 8.7%               | 3.7%       |
| <b>12 Earned Exposure Months</b>  | Q305-Q206 | 72,889    | 72,889    | 13,792  | 223     | 1,345   | 161,136            | 10,992                     | 10,992    | 21,984             | 183,120    |
|   | Q306-Q207 | 156,813   | 156,813   | 32,211  | 620     | 3,456   | 349,912            | 25,433                     | 25,433    | 50,865             | 400,777    |
|   | Q307-Q208 | 128,491   | 128,491   | 25,456  | 470     | 2,307   | 285,215            | 15,910                     | 15,910    | 31,820             | 317,035    |
| <b>13a Full Credibility</b>   |           | 250,000   | 100,000   | 250,000 | 250,000 | 250,000 |                    | 100,000                    | 100,000   |                    |            |
| <b>13b Credibility - using Square root rule and full credibility above</b>    | Q305-Q206 | 0.540     | 0.854     | 0.235   | 0.030   | 0.073   |                    | 0.332                      | 0.332     |                    |            |
|   | Q306-Q207 | 0.792     | 1.000     | 0.359   | 0.050   | 0.118   |                    | 0.504                      | 0.504     |                    |            |
|   | Q307-Q208 | 0.717     | 1.000     | 0.319   | 0.043   | 0.096   |                    | 0.399                      | 0.399     |                    |            |
|   | Q305-Q208 | 1.000     | 1.000     | 0.535   | 0.072   | 0.169   |                    | 0.723                      | 0.723     |                    |            |
|   | Q306-Q208 | 1.000     | 1.000     | 0.480   | 0.066   | 0.152   |                    | 0.643                      | 0.643     |                    |            |
| <b>14 Permissible LR Adj For Trend</b>  |           | 57.5%     | 56.9%     | 57.5%   | 57.9%   | 56.8%   |                    | 56.7%                      | 55.8%     |                    |            |
| <b>15 Indicated rate level change Adj for credibility</b>                     | Q305-Q206 | 23.2%     | 17.8%     | -6.1%   | 3.7%    | -4.6%   | 19.5%              | 3.7%                       | 6.8%      | 5.6%               | 16.9%      |
|   | Q306-Q207 | 5.5%      | 9.2%      | 4.5%    | -1.6%   | -1.6%   | 7.1%               | 2.0%                       | -2.9%     | -1.4%              | 5.4%       |
|   | Q307-Q208 | -3.9%     | -0.4%     | -5.6%   | 0.1%    | -2.8%   | -2.3%              | 39.9%                      | -1.2%     | 11.2%              | 1.0%       |
|   | Q305-Q208 | 8.9%      | 7.9%      | -3.9%   | -1.2%   | -5.1%   | 7.8%               | 23.8%                      | 0.2%      | 7.7%               | 7.8%       |
|   | Q306-Q208 | 0.9%      | 5.0%      | -1.1%   | -2.0%   | -3.3%   | 2.7%               | 25.4%                      | -2.8%     | 5.8%               | 3.4%       |
| <b>16 Current RAY, Loss/LAE, ULAE, and Expense Ratios</b>                     |           |           |           |         |         |         |                    | Current RAY Combined Ratio |           |                    | 96.3%      |
|   |           |           |           |         |         |         |                    | - Loss/ALAE Ratio          |           |                    | 56.8%      |
|   |           |           |           |         |         |         |                    | - ULAE Ratio               |           |                    | 9.1%       |
|   |           |           |           |         |         |         |                    | - Expense Ratio            |           |                    | 30.4%      |
|   |           |           |           |         |         |         |                    | Fixed Expense Ratio        |           |                    | 13.4%      |
|   |           |           |           |         |         |         |                    | Variable Expense Ratio     |           |                    | 17.0%      |
|   |           |           |           |         |         |         |                    | Profit Provision           |           |                    | 4.2%       |

|       |        |         |     |           |
|-------|--------|---------|-----|-----------|
| State | System | Company | LOB | Plan Code |
|       | 07     | 09      | 09  | VN        |

**Arkansas**  
**Accident Year 2008**  
**Losses Developed through Q- 2 2008**

EXHIBIT 2

| COVERAGE        | 2 Year<br>CURRENT<br>LEVEL<br>PREMIUM | CURRENT<br>BASE<br>RATES | PROPOSED<br>BASE<br>RATES | BASE<br>RATE<br>CHANGE | FILED<br>OVERALL<br>CHANGE |
|-----------------|---------------------------------------|--------------------------|---------------------------|------------------------|----------------------------|
| BIPD            | \$13,623,540                          | \$46.27                  | \$47.64                   | 3.0%                   | 3.0%                       |
| BI              | \$6,914,885                           | \$24.02                  | \$24.50                   | 2.0%                   | 2.0%                       |
| PD              | \$6,708,655                           | \$22.25                  | \$23.14                   | 4.0%                   | 4.0%                       |
| POLICY FEES     | \$110,072                             | \$0.00                   | \$0.00                    | 0.0%                   | 0.0%                       |
| BILLING FEES    | \$971,937                             | \$8.00                   | \$8.00                    | 0.0%                   | 0.0%                       |
| UM              | \$571,875                             | \$12.92                  | \$12.92                   | 0.0%                   | 0.0%                       |
| UM-BI           | \$425,225                             | \$8.62                   | \$8.62                    | 0.0%                   | 0.0%                       |
| UM-PD           | \$95,190                              | \$2.15                   | \$2.15                    | 0.0%                   | 0.0%                       |
| UIM-BI          | \$51,460                              | \$2.15                   | \$2.15                    | 0.0%                   | 0.0%                       |
| MP              | \$11,545                              | \$5.22                   | \$5.22                    | 0.0%                   | 0.0%                       |
| PIP             | \$107,532                             | \$18.15                  | \$18.15                   | 0.0%                   | 0.0%                       |
| -----           | -----                                 |                          |                           | -----                  | -----                      |
| LIABILITY       | \$15,396,501                          |                          |                           | 2.6%                   | 2.6%                       |
| COMP            | \$1,103,511                           | \$35.01                  | \$35.71                   | 2.0%                   | 2.0%                       |
| COLL            | \$2,649,831                           | \$60.95                  | \$60.95                   | 0.0%                   | 0.0%                       |
| -----           | -----                                 |                          |                           | -----                  | -----                      |
| PHYSICAL DAMAGE | \$3,753,342                           |                          |                           | 0.6%                   | 0.6%                       |
| <b>TOTAL:</b>   | \$19,149,843                          |                          |                           | 2.2%                   | 2.2%                       |

**Viking VN**  
**STATE OF ARKANSAS**  
**BASE RATES**

Exhibit 3

changes

|                  |         |          |
|------------------|---------|----------|
| Effective Dates: | New     | 10/20/08 |
|                  | Renewal | 12/03/08 |

**BASE RATES**

| COVERAGE                      | COVERAGE |           |
|-------------------------------|----------|-----------|
|                               | CODE     | Viking VN |
| BI                            | 110      | 24.50     |
| PD                            | 170      | 23.14     |
| COMP                          | 181      | 35.71     |
| COLL                          | 201      | 60.95     |
| MED PAY                       | 140      | 5.22      |
| UM-BI                         | 120      | 8.62      |
| UIM-BI                        | 130      | 2.15      |
| UM-PD                         | 121      | 2.15      |
| SPECIAL EQUIPMENT(per 1,000)* | 209      | 10.00     |
| SPECIAL EQUIPMENT*            | 189      | 0.00      |
| PIP (70% WORK LOSS)           | 151      | 3.00      |
| ACCIDENTAL DEATH - PIP \$5000 | 153      | 1.00      |
| PIP(Med Hosp)                 | 150      | 18.15     |

**MISCELLANEOUS  
COVERAGES**

| COVERAGE | COVERAGE |               |        |
|----------|----------|---------------|--------|
|          | CODE     | PER DAY LIMIT | FACTOR |
| TOWING   | 220      | 50            | 2.00   |
|          |          | 25            | 1.00   |
|          |          | 0             | 0.00   |
| RENTAL   | 230      | 20/600        | 4.00   |

| LIEN HOLDER<br>DEDUCTIBLE | COV<br>CODE | CF<br>LIEN DED | CL<br>LIEN DED | FACTOR |
|---------------------------|-------------|----------------|----------------|--------|
| LIEN HOLDER               | 200         | 250            | 250            | 1.00   |
| LIEN HOLDER               | 180         | 250            | 250            | 0.00   |