

SERFF Tracking Number: SNTF-125973393 State: Arkansas
Filing Company: Santa Fe Auto Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: SFAAR01
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Personal Automobile
Project Name/Number: Initial Rates/Rules Filing/

Filing at a Glance

Company: Santa Fe Auto Insurance Company

Product Name: Personal Automobile

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto
(PPA)

Filing Type: Rate/Rule

SERFF Tr Num: SNTF-125973393

SERFF Status: Closed

Co Tr Num: SFAAR01

Co Status:

Author: Kay Morgan

Date Submitted: 04/06/2009

State: Arkansas

State Tr Num: EFT \$100

State Status: Fees verified and
received

Reviewer(s): Alexa Grissom, Betty
Montesi

Disposition Date: 05/14/2009

Disposition Status: Filed

Effective Date Requested (New): 05/01/2009

Effective Date Requested (Renewal):

Effective Date (New): 05/10/2009

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Initial Rates/Rules Filing

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 05/14/2009

State Status Changed: 04/14/2009

Corresponding Filing Tracking Number: ARD-ARC

Filing Description:

This is the initial and independent Rate/Rules filing for Santa Fe Auto Insurance Company.

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

Kay Morgan, Regulatory Coordinator

13702 Gamma Road

kaymorgan@sfaic.us

(972) 239-8511 [Phone]

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Product Name: Personal Automobile
Project Name/Number: Initial Rates/Rules Filing/

Dallas, TX 75244 (972) 239-8512[FAX]

Filing Company Information

Santa Fe Auto Insurance Company
13702 Gamma Road

CoCode: 12223
Group Code:

State of Domicile: Texas
Company Type: Property &
Casualty

Dallas, TX 75244
(972) 239-8511 ext. [Phone]

Group Name:
FEIN Number: 01-0791746

State ID Number:

SERFF Tracking Number: SNTF-125973393 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: Initial Rates/Rules
Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---------------------------------|----------|----------------|---------------|
| Santa Fe Auto Insurance Company | \$100.00 | 04/06/2009 | 26992327 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------|---------------|------------|----------------|
| Filed | Alexa Grissom | 05/14/2009 | 05/14/2009 |

Objection Letters and Response Letters

| Objection Letters | | | | Response Letters | | |
|---------------------------------|---------------|------------|----------------|------------------|------------|----------------|
| Status | Created By | Created On | Date Submitted | Responded By | Created On | Date Submitted |
| Pending Industry Response | Alexa Grissom | 04/28/2009 | 04/28/2009 | Kay Morgan | 04/28/2009 | 04/28/2009 |
| Pending Industry Response | Alexa Grissom | 04/14/2009 | 04/14/2009 | Kay Morgan | 04/20/2009 | 04/20/2009 |

SERFF Tracking Number: *SNTF-125973393* State: *Arkansas*
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 TOI: *19.0 Personal Auto* Sub-TOI: *19.0001 Private Passenger Auto (PPA)*
 Product Name: *Personal Automobile*
 Project Name/Number: *Initial Rates/Rules Filing/*

Disposition

Disposition Date: 05/14/2009
 Effective Date (New): 05/10/2009
 Effective Date (Renewal):
 Status: Filed
 Comment:

| Company Name: | Overall % Indicated Change: | Overall % Rate Impact: | Written Premium Change for this Program: | # of Policy Holders Affected for this Program: | Written Premium for this Program: | Maximum % Change (where required): | Minimum % Change (where required): |
|------------------------------------|-----------------------------------|---------------------------|--|---|---|--|--|
| Santa Fe Auto Insurance Company | 0.000% | 0.000% | \$0 | 0 | \$ | % | % |

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 Product Name: Personal Automobile
 Project Name/Number: Initial Rates/Rules Filing/

| Item Type | Item Name | Item Status | Public Access |
|-------------------------------|---|-------------|---------------|
| Supporting Document (revised) | APCS-Auto Premium Comparison Survey | Filed | Yes |
| 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 (revised) | SFAAR01 | Filed | Yes |
| Rate | SFAAR01 | Filed | Yes |

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Product Name: Personal Automobile
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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/28/2009
Submitted Date 04/28/2009
Respond By Date
Dear Kay Morgan,

This will acknowledge receipt of the captioned filing. The filing may not be effective until 20 days after all information is received per Regulation 23. Therefore, the date on the APCS must be amended to no earlier than May 10, 2009. When I receive the amended APCS, the filing will be closed.

Please feel free to contact me if you have questions.

Sincerely,
Alexa Grissom

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/28/2009
Submitted Date 04/28/2009

Dear Alexa Grissom,

Comments:

Please see attached amended APCS.

Response 1

Comments: The date has been amended to May 10, 2009.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: APCS-Auto Premium Comparison Survey
Comment: Survey is attached.

No Form Schedule items changed.

SERFF Tracking Number: *SNTF-125973393* *State:* *Arkansas*
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TOI: *19.0 Personal Auto* *Sub-TOI:* *19.0001 Private Passenger Auto (PPA)*
Product Name: *Personal Automobile*
Project Name/Number: *Initial Rates/Rules Filing/*

No Rate/Rule Schedule items changed.

Thank you for your help in this rate filing.

Sincerely,
Kay Morgan

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 04/14/2009

Submitted Date 04/14/2009

Respond By Date

Dear Kay Morgan,

This will acknowledge receipt of the captioned filing. Do you only offer minimum limits? Please read Ark. Code Ann. 23-89-209, 403 and 404. UMBI, UMPD, and UIM are to be offered separately.

Please feel free to contact me if you have questions.

Sincerely,

Alexa Grissom

Response Letter

Response Letter Status Submitted to State

Response Letter Date 04/20/2009

Submitted Date 04/20/2009

Dear Alexa Grissom,

Comments:

In response to the Objection Letter dated 4/14/09, please accept the following.

Response 1

Comments: We offer only minimum limits.

We have changed the rate filing document to show premiums for Uninsured and Underinsured Motorist Bodily Injury coverage separately.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

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Project Name/Number: Initial Rates/Rules Filing/

Rate/Rule Schedule Item Changes

| Exhibit Name | Rule # or Page # | Rate Action | Previous State Filing # |
|-------------------------|-------------------------|--------------------|--------------------------------|
| SFAAR01 | | New | |
| Previous Version | | | |
| SFAAR01 | | New | |

If you have any further questions, please do not hesitate to contact me.

Sincerely,
Kay Morgan

SERFF Tracking Number: SNTF-125973393
 Filing Company: Santa Fe Auto Insurance Company
 Company Tracking Number: SFAAR01
 TOI: 19.0 Personal Auto
 Product Name: Personal Automobile
 Project Name/Number: Initial Rates/Rules Filing/

State: Arkansas
 State Tracking Number: EFT \$100
 Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Rate Information

Rate data applies to filing.

Filing Method: File and Use
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision:
Filing Method of Last Filing: N/A

Company Rate Information

| Company Name: | Overall % Indicated Change: | Overall % Rate Impact: | Written Premium Change for this Program: | # of Policy Holders Affected for this Program: | Written Premium for this Program: | Maximum % Change (where required): | Minimum % Change (where required): |
|---------------------------------|-----------------------------|------------------------|--|--|-----------------------------------|------------------------------------|------------------------------------|
| Santa Fe Auto Insurance Company | 0.000% | 0.000% | \$0 | 0 | | % | % |

SERFF Tracking Number: SNTF-125973393 State: Arkansas
Filing Company: Santa Fe Auto Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: SFAAR01
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Personal Automobile
Project Name/Number: Initial Rates/Rules Filing/

Rate/Rule Schedule

| Review Status: | Exhibit Name: | Rule # or Page #: | Rate Action | Previous State Filing Attachments Number: |
|----------------|---------------|-------------------|-------------|---|
| Filed | SFAAR01 | | New | SFAAR01 04-01-09.pdf |

Santa Fe Auto Insurance Company
Arkansas Private Passenger Auto Rating Plan - Page 1 of 5
Effective May 1, 2009

Assigned Drivers

1. Each driver is classified by age, sex, and marital status, as follows:

| | ----- Driver Age on Inception Date ----- | | | | |
|------------------|--|--------------|--------------|--------------|--------------|
| | <u>Under 21</u> | <u>21-24</u> | <u>25-29</u> | <u>30-39</u> | <u>40-up</u> |
| Unmarried Male | 2C-1 | 2C-2 | 1B | 6A | 8A |
| Unmarried Female | 2D | 1A | 3A | 6B | 8B |
| Married Male | 2A-1 | 2A-2 | 3B | 6A | 8A |
| Married Female | 2D | 1A | 3B | 6B | 8B |

2. In order to determine vehicle premiums, a driver is assigned to each vehicle as follows:

- a) Vehicles with Physical Damage coverage (if any) are ranked in descending order of the Actual Cash Value at inception, followed by vehicles without Physical Damage coverage.
- b) Drivers are ranked in descending order of their Base Annual Premium for Liability Coverage.
- c) The Assigned Driver for each vehicle is the driver with the same rank as the vehicle. If there are more vehicles than drivers, the Base Annual Premium for Class 6B is used for rating each vehicle for which there is no Assigned Driver.

Liability Coverage

1. The Base Annual Premium per vehicle for each driver class is shown below.

| | 1A | 1B | 2A-1 | 2A-2 | 2C-1 | 2C-2 | 2D | 3A | 3B | 6A | 6B | 8A | 8B |
|------------|-----------|-----------|-------------|-------------|-------------|-------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| BI: | 548 | 274 | 1008 | 672 | 1008 | 672 | 1008 | 264 | 260 | 248 | 244 | 222 | 216 |
| PD: | 820 | 410 | 1512 | 1008 | 1512 | 1008 | 1512 | 408 | 400 | 376 | 368 | 342 | 330 |

2. The Base Annual Premiums are multiplied by the Point Factor for At-Fault Accidents from the Underwriting Rules on Page 5.
3. The limits for liability coverage are \$25,000 because of bodily injury to or death of one person in any one accident, \$50,000 because of bodily injury to or death of two or more persons in any one accident, and \$25,000 because of injury to or destruction of property of others in any one accident.

Uninsured/Underinsured Motorist Protection Coverage

1. The Base Annual Premium for Uninsured Motorist Bodily Injury coverage is \$96.
2. The Base Annual Premium for Underinsured Motorist Bodily Injury coverage is \$12.
3. The Base Annual Premium for Uninsured Motorist Property Damage coverage is \$156.
4. Limits are the same as the corresponding liability coverage.
5. Property Damage coverage is subject to a deductible of \$200.

Personal Injury Protection Coverage

1. The Base Annual Premium for each option is determined by multiplying the Bodily Injury Base Annual Premium for Liability Premium from Liability Coverage Item 2 above by the factors listed under Adjusted Annual Premium on Page 2 hereof. Limits of coverage are as stated in Arkansas Code §23-89-202.

Coverage for Damage to Your Auto (Physical Damage)

1. The Combined Base Annual Premium for each vehicle is \$984.00 plus 9.0% of the Actual Cash Value in excess of \$5,000 at inception.
2. The Combined Base Annual Premium for each vehicle is multiplied by the ratio of the liability Base Annual Premium for that vehicle from Liability Coverage Item 1 above to the liability Base Annual Premium for Class 6B from Liability Coverage Item 1 above.
3. The Collision Base Annual Premium is 75% of the Combined Base Annual Premium.
4. The Other Than Collision Base Annual Premium is 25% of the Combined Base Annual Premium.
5. The Collision Base Annual Premium is multiplied by the Point Factor for At-Fault Accidents from the Underwriting Rules on Page 5.
6. There is a deductible of \$500 per loss event for Physical Damage coverage.

Rental Reimbursement Coverage

1. The Base Annual Premium is \$192.00 per vehicle.
2. Coverage limit is \$20 per day with a maximum of \$600 per accident.

Santa Fe Auto Insurance Company
Arkansas Private Passenger Auto Rating Plan - Page 2 of 5
Effective May 1, 2009

Towing and Labor Coverage

1. The Base Annual Premium is \$48.00 per vehicle.
2. Coverage limit is \$100 per occurrence.

Adjusted Annual Premium

The Base Annual Premiums for the coverages listed below are multiplied by the following factors to get the Adjusted Annual Premium for each coverage, rounded to the nearest cent. Factors are shown for each of the policy forms offered. Territories are defined on Page 4.

| <u>Coverage</u> | ---Territory 51--- | | ---Territory 52--- | | ---Territory 53--- | |
|-------------------------------|--------------------|---------------|--------------------|---------------|--------------------|---------------|
| | <u>Form C</u> | <u>Form D</u> | <u>Form C</u> | <u>Form D</u> | <u>Form C</u> | <u>Form D</u> |
| Liability | 1.000 | 0.950 | 0.850 | 0.800 | 0.750 | 0.700 |
| Medical and Hospital Benefits | 1.500 | 1.500 | 1.350 | 1.350 | 1.200 | 1.200 |
| Income Disability Benefits | 0.625 | 0.625 | 0.562 | 0.562 | 0.500 | 0.500 |
| Accidental Death Benefits | 0.375 | 0.375 | 0.338 | 0.338 | 0.300 | 0.300 |
| Uninsured Motorist BI | 1.000 | 1.000 | 0.909 | 0.909 | 0.818 | 0.818 |
| Underinsured Motorist BI | 0.100 | 0.100 | 0.091 | 0.091 | 0.082 | 0.082 |
| Physical Damage | 0.900 | 0.900 | 0.810 | 0.810 | 0.730 | 0.730 |
| Towing and Labor | 1.000 | 1.000 | 0.875 | 0.875 | 0.750 | 0.750 |

For each covered person who is 55 years of age or older and provides a certificate of completion of an approved motor vehicle accident prevention course, the Adjusted Annual Premiums for Liability and Physical Damage coverage for the vehicle for which such person is the Assigned Driver are multiplied by 0.975.

For each SR-22 that is issued, the Liability and Collision coverage premiums for the vehicle for which the person named in the SR-22 is the Assigned Driver are multiplied by 1.25.

College Gradutes

For each covered person who is under age 25 and has graduated from a college or university with a grade average of "B" or higher or a grade point average of at least 3.0 on a 4-point scale, the premium for the vehicle for which that person is the Assigned Driver is multiplied by 0.900.

Six-Month Premium

The following steps are used to calculate the actual six-month policy premium from the Adjusted Annual Premiums. The resulting six-month policy premium is a multiple of \$6.00 so that monthly payments will be a whole-dollar amount. This is done to avoid the handling of coins by those who make payments in cash, to avoid mistakes in the check amount by those who write checks, and to simplify communication with customers when discussing premiums and payments.

1. Divide each Adjusted Annual Premium by 2 to get the six-month premium component for each coverage.
2. Add all six-month premium components to get the Total Premium for six months.
3. Divide the Total Premium by 6 to get the Monthly Premium.
4. Round the Monthly Premium to the nearest whole dollar to get the Rounded Monthly Premium.
5. Multiply the Rounded Monthly Premium by 6 to get the Six-Month Premium.
6. Divide the Six-Month Premium from Step 5 by the Total Premium from Step 2 to get the Premium Factor.
7. Multiply each premium component from Step 1 by the Premium Factor from Step 6, rounding each component to the nearest cent.
8. If the sum of all components is not equal to the Six-Month Premium from Step 5, add the difference (which can be positive or negative) to the largest component so that the sum of all components will be equal to the Six-Month Premium from Step 5. Because all components were rounded to the nearest cent, this difference will be less than ten cents.
9. In the event of cancellation by the insured, the minimum premium is \$25 per vehicle.

Santa Fe Auto Insurance Company
Arkansas Private Passenger Auto Rating Plan - Page 3 of 5
Effective May 1, 2009

Policy Fee and Service Charge When Premium is Paid Monthly

All policies are written for a term of six months and payment can be made in six equal installments, each of which includes premium for one month, a portion of the policy fee, and a service charge, as shown in the following table.

| <u>Annual Premium</u> | <u>Policy Fee at Inception</u> | <u>Policy Fee at Renewal</u> | <u>Monthly Policy Fee</u> | <u>Six-Month Policy Fee</u> | <u>Monthly Service Charge</u> |
|-----------------------|--------------------------------|------------------------------|---------------------------|-----------------------------|-------------------------------|
| Less than \$1,000 | 10 | 10 | 7 | 45 | 3 |
| 1,000-1,499 | 10 | 10 | 6 | 40 | 4 |
| 1,500-1,999 | 10 | 10 | 5 | 35 | 5 |
| 2,000-2,499 | 10 | 10 | 4 | 30 | 6 |
| 2,500-2,999 | 10 | 10 | 3 | 25 | 7 |
| 3,000-3,499 | 10 | 10 | 2 | 20 | 8 |
| 3,500-3,999 | 10 | 10 | 1 | 15 | 9 |
| 4,000 & Up | 10 | 10 | 0 | 10 | 10 |

Policy Fee When Premium is Paid in Full

When the full premium is paid at inception or renewal, there is no policy fee or service charge. If the policy is cancelled at the request of the insured, the six-month policy fee will be deducted from any refund of premium.

Reinstatement

Policies with monthly payments that are cancelled for non-payment of premium may be reinstated within 21 days of cancellation by paying the amount that was due at cancellation, subject to the following conditions:

1. The insured certifies in writing that there has been no loss event on the day of payment.
2. Coverage resumes at the time payment is received and continues for thirty calendar days, including the day of payment.
3. Each subsequent monthly payment will extend coverage for thirty days.

Late Renewal

All other policies that are not renewed at expiration because the renewal payment was not received before the expiration date may be renewed within 21 days thereafter by paying the amount that was due for renewal at the time of expiration. Coverage resumes at the time payment is received. Coverage continues for 183 calendar days including the day of payment.

Renewal Premium

The premium for each renewal period will be determined as described herein, using the Base Annual Premiums in effect at inception. In the event of a future reduction in Base Annual Premiums, the insured may convert to a new policy at the lower premium instead of renewing the existing policy.

Premium for Changes in Coverage

For each change in coverage requested by the insured, the new policy premium will be determined as described herein, using the Base Annual Premiums in effect at inception. Any change in vehicles or drivers that results in a change in premium is considered a change in coverage. A fee of \$15.00 is charged when the insured requests a change in vehicles that does not result in a change in premium. This does not apply during the first 30 days.

Santa Fe Auto Insurance Company
Arkansas Private Passenger Auto Rating Plan - Page 4 of 5
Effective May 1, 2009

Territories

The territory is determined by the ZIP code of the residence of the insured, as follows:

Territory 51

72002 72011 72015 72018 72019 72022 72032 72033 72034 72035 72039 72047 72053 72058 72061 72065 72076 72078
72089 72099 72103 72106 72111 72113 72114 72115 72116 72117 72118 72119 72120 72122 72124 72135 72142 72158
72164 72167 72173 72180 72181 72183 72190 72198 72199 72201 72202 72203 72204 72205 72206 72207 72209 72210
72211 72212 72214 72215 72216 72217 72219 72221 72222 72223 72225 72227 72231 72260 72295

Territory 52

71601 71602 71603 71611 71612 71613 71659 71901 71902 71903 71909 71910 71913 71914 71929 71933 71941 71942
71949 71951 71956 71964 71968 72004 72007 72023 72024 72037 72046 72072 72079 72083 72086 72087 72104 72105
72132 72133 72152 72168 72175 72176 72182 72701 72702 72703 72704 72711 72712 72714 72715 72716 72717 72718
72719 72722 72727 72728 72729 72730 72732 72733 72734 72735 72736 72737 72739 72741 72744 72745 72747 72749
72751 72753 72756 72757 72758 72761 72762 72764 72765 72766 72768 72769 72770 72774 72901 72902 72903 72904
72905 72906 72908 72913 72914 72916 72917 72918 72919 72923 72936 72937 72938 72940 72941 72945 72959

Territory 53

71630 71631 71635 71638 71639 71640 71642 71643 71644 71646 71647 71651 71652 71653 71654 71655 71656 71657
71658 71660 71661 71662 71663 71665 71666 71667 71670 71671 71674 71675 71676 71677 71678 71701 71711 71720
71721 71722 71724 71725 71726 71728 71730 71731 71740 71742 71743 71744 71745 71747 71748 71749 71750 71751
71752 71753 71754 71758 71759 71762 71763 71764 71765 71766 71768 71770 71772 71801 71802 71820 71822 71823
71825 71826 71827 71828 71831 71832 71833 71834 71835 71836 71837 71838 71839 71840 71841 71842 71844 71845
71846 71847 71851 71852 71853 71854 71855 71857 71858 71859 71860 71861 71862 71864 71865 71866 71920 71921
71922 71923 71932 71935 71937 71940 71943 71944 71945 71950 71952 71953 71957 71958 71959 71960 71961 71962
71965 71966 71969 71970 71971 71972 71973 71998 71999 72001 72003 72005 72006 72010 72012 72013 72014 72016
72017 72020 72021 72025 72026 72027 72028 72029 72030 72031 72036 72038 72040 72041 72042 72043 72044 72045
72048 72051 72052 72055 72057 72059 72060 72063 72064 72066 72067 72068 72069 72070 72073 72074 72075 72080
72081 72082 72084 72085 72088 72101 72102 72107 72108 72110 72112 72121 72123 72125 72126 72127 72128 72129
72130 72131 72134 72136 72137 72139 72140 72141 72143 72145 72149 72150 72153 72156 72157 72160 72165 72166
72169 72170 72178 72179 72189 72301 72303 72310 72311 72312 72313 72315 72316 72319 72320 72321 72322 72324
72325 72326 72327 72328 72329 72330 72331 72332 72333 72335 72336 72338 72339 72340 72341 72342 72346 72347
72348 72350 72351 72352 72353 72354 72355 72358 72359 72360 72364 72365 72366 72367 72368 72369 72370 72372
72373 72374 72376 72377 72379 72383 72384 72386 72387 72389 72390 72391 72392 72394 72395 72396 72401 72402
72403 72404 72410 72411 72412 72413 72414 72415 72416 72417 72419 72421 72422 72424 72425 72426 72427 72428
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72470 72471 72472 72473 72474 72475 72476 72478 72479 72482 72501 72503 72512 72513 72515 72517 72519 72520
72521 72522 72523 72524 72525 72526 72527 72528 72529 72530 72531 72532 72533 72534 72536 72537 72538 72539
72540 72542 72543 72544 72545 72546 72550 72553 72554 72555 72556 72560 72561 72562 72564 72565 72566 72567
72568 72569 72571 72572 72573 72575 72576 72577 72578 72579 72581 72583 72584 72585 72587 72601 72602 72611
72613 72615 72616 72617 72619 72623 72624 72626 72628 72629 72630 72631 72632 72633 72634 72635 72636 72638
72639 72640 72641 72642 72644 72645 72648 72650 72651 72653 72654 72655 72657 72658 72659 72660 72661 72662
72663 72666 72668 72669 72670 72672 72675 72677 72679 72680 72682 72683 72685 72686 72687 72721 72738 72740
72742 72752 72760 72773 72776 72801 72802 72811 72812 72820 72821 72823 72824 72826 72827 72828 72829 72830
72832 72833 72834 72835 72837 72838 72839 72840 72841 72842 72843 72845 72846 72847 72851 72852 72853 72854
72855 72856 72857 72858 72860 72863 72865 72921 72926 72927 72928 72930 72932 72933 72934 72935 72943 72944
72946 72947 72948 72949 72950 72951 72952 72955 72956 72957 72958

Santa Fe Auto Insurance Company
Arkansas Private Passenger Auto Rating Plan - Page 5 of 5
Effective May 1, 2009

Underwriting Rules

The following rules apply to all new business and additional drivers.

Drivers

1. All persons over 12 years of age who reside in the same household as the insured and are not listed as drivers must be excluded.
2. All drivers must have a valid driver license issued in the United States.
3. No driver with more than four traffic violations in the past year.
4. Driver points are assigned as follows for the past three years:

| | <u>Points</u> |
|---|---------------|
| DWI, DUI, Open Container, Racing, Hit/Run, Reckless Driving, Driving Without Valid License (suspended, revoked, etc.) | 5 |
| Speeding, Red Light, Stop Sign | 2 |
| All others except Parking, No Inspection, No Insurance | 1 |
| At-fault accident | 6 |
5. No driver with more than eight driver points.
6. Driver points are used to identify unacceptable drivers. Premiums are not affected by driver points, except for those resulting from at-fault accidents.

Vehicles

1. All vehicles must be listed in the N.A.D.A. Official Used Car Guide with an Average Retail Value not in excess of \$50,000.
2. All vehicles must be garaged at the residence address of the Insured.
3. All vehicles must be registered in the name of the Insured.
4. No vehicle with a rated load capacity greater than 3/4 ton.
5. No vehicle used for any business purpose.
6. No emergency, law enforcement, or public vehicles.
7. A replacement vehicle may be any motor vehicle as defined in A.R.S. 20-1631.

Point Factors for At-Fault Accidents

| <u>Points</u> | <u>Factor</u> | <u>Points</u> | <u>Factor</u> | <u>Points</u> | <u>Factor</u> |
|---------------|---------------|---------------|---------------|---------------|---------------|
| 0 | 1.00 | 6 | 1.45 | 12 | 2.15 |

SERFF Tracking Number: SNTF-125973393 State: Arkansas
 Filing Company: Santa Fe Auto Insurance Company State Tracking Number: EFT \$100
 Company Tracking Number: SFAAR01
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: Personal Automobile
 Project Name/Number: Initial Rates/Rules Filing/

Supporting Document Schedules

Satisfied -Name: APCS-Auto Premium Comparison Survey
Review Status: Filed 05/14/2009

Comments:

Survey is attached.

Attachment:

PPA_Survey_FORM_APCS.xls

Satisfied -Name: A-1 Private Passenger Auto Abstract
Review Status: Filed 05/14/2009

Comments:

See attached.

Attachment:

Form A-1.pdf

Bypassed -Name: NAIC loss cost data entry document
Bypass Reason: This is the initial Rate/Rule filing.
Comments:

Review Status: Filed 05/14/2009

Bypassed -Name: NAIC Loss Cost Filing Document for OTHER than Workers' Comp
Bypass Reason: Santa Fe Auto Insurance Company files independent filings. This is also the initial Rate/Rule filing.
Comments:

Review Status: Filed 05/14/2009

Satisfied -Name: Uniform Transmittal Document-Property & Casualty
Review Status: Filed 05/14/2009

Comments:

Transmittal attached.

SERFF Tracking Number: *SNTF-125973393* *State:* *Arkansas*
Filing Company: *Santa Fe Auto Insurance Company* *State Tracking Number:* *EFT \$100*
Company Tracking Number: *SFAAR01*
TOI: *19.0 Personal Auto* *Sub-TOI:* *19.0001 Private Passenger Auto (PPA)*
Product Name: *Personal Automobile*
Project Name/Number: *Initial Rates/Rules Filing/*

Attachment:

NAIC Transmittal Doc.pdf

Private Passenger Auto Premium Comparison Survey Form

FORM APCS - last modified August 2005

NAIC Number: 12223
 Company Name: Santa Fe Auto Insurance Company
 Contact Person: Kay Morgan
 Telephone No.: 972-239-8511
 Email Address: kay.morgan@santafeinsurance.net
 Effective Date: 10-May-09

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 | 0.00 | % |
| AUTO/HOMEOWNERS | 0.00 | % |
| GOOD STUDENT | 10.00 | % |
| ANTI-THEFT DEVICE | 0.00 | % |
| Over 55 Defensive Driver Discount | 2.50 | % |
| \$250/\$500 Deductible Comp./Coll. | 0.00 | % |

| Vehicle | Coverages | Gender | Age | Fayetteville (2) | | | | Trumann (3) | | | | Little Rock (1) | | | | Lake Village (3) | | | | Pine Bluff (2) | | | |
|--|---|--------|-----|------------------|---------|----------------|----------------|-------------|---------|----------------|----------------|-----------------|---------|----------------|----------------|------------------|---------|----------------|----------------|----------------|---------|----------------|----------------|
| | | | | Female | Male | Male or Female | Male or Female | Female | Male | Male or Female | Male or Female | Female | Male | Male or Female | Male or Female | Female | Male | Male or Female | Male or Female | Female | Male | Male or Female | Male or Female |
| | | | | 18 | 18 | 40 | 66 | 18 | 18 | 40 | 66 | 18 | 18 | 40 | 66 | 18 | 18 | 40 | 66 | 18 | 18 | 40 | 66 |
| 1999 Chevrolet Silverado 1500 2WD "LS" regular cab 119" WB | Minimum Liability | | | \$2,328 | \$2,328 | \$612 | \$612 | \$2,064 | \$2,064 | \$540 | \$540 | \$2,652 | \$2,652 | \$690 | \$690 | \$2,064 | \$2,064 | \$540 | \$540 | \$2,328 | \$2,328 | \$612 | \$612 |
| | Minimum Liability with Comprehensive and Collision | | | \$4,212 | \$4,212 | \$1,032 | \$1,032 | \$3,762 | \$3,762 | \$924 | \$924 | \$4,752 | \$4,752 | \$1,164 | \$1,164 | \$3,762 | \$3,762 | \$924 | \$924 | \$4,212 | \$4,212 | \$1,032 | \$1,032 |
| | 100/300/50 Liability with Comprehensive and Collision | | | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 2003 Ford Explorer "XLT" 2WD, 4 door | Minimum Liability | | | \$2,328 | \$2,328 | \$612 | \$612 | \$2,064 | \$2,064 | \$540 | \$540 | \$2,652 | \$2,652 | \$690 | \$690 | \$2,064 | \$2,064 | \$540 | \$540 | \$2,328 | \$2,328 | \$612 | \$612 |
| | Minimum Liability with Comprehensive and Collision | | | \$4,320 | \$4,320 | \$1,056 | \$1,056 | \$3,858 | \$3,858 | \$942 | \$942 | \$4,872 | \$4,872 | \$1,188 | \$1,188 | \$3,858 | \$3,858 | \$942 | \$942 | \$4,320 | \$4,320 | \$1,056 | \$1,056 |
| | 100/300/50 Liability with Comprehensive and Collision | | | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 2003 Honda Odyssey "EX" | Minimum Liability | | | \$2,328 | \$2,328 | \$612 | \$612 | \$2,064 | \$2,064 | \$540 | \$540 | \$2,652 | \$2,652 | \$690 | \$690 | \$2,064 | \$2,064 | \$540 | \$540 | \$2,328 | \$2,328 | \$612 | \$612 |
| | Minimum Liability with Comprehensive and Collision | | | \$4,686 | \$4,686 | \$1,140 | \$1,140 | \$4,188 | \$4,188 | \$1,020 | \$1,020 | \$5,274 | \$5,274 | \$1,278 | \$1,278 | \$4,188 | \$4,188 | \$1,020 | \$1,020 | \$4,686 | \$4,686 | \$1,140 | \$1,140 |
| | 100/300/50 Liability with Comprehensive and Collision | | | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 2005 Toyota Camry LE 3.0L 4 door Sedan | Minimum Liability | | | \$2,328 | \$2,328 | \$612 | \$612 | \$2,064 | \$2,064 | \$540 | \$540 | \$2,652 | \$2,652 | \$690 | \$690 | \$2,064 | \$2,064 | \$540 | \$540 | \$2,328 | \$2,328 | \$612 | \$612 |
| | Minimum Liability with Comprehensive and Collision | | | \$5,460 | \$5,460 | \$1,314 | \$1,314 | \$4,890 | \$4,890 | \$1,176 | \$1,176 | \$6,138 | \$6,138 | \$1,470 | \$1,470 | \$4,890 | \$4,890 | \$1,176 | \$1,176 | \$5,460 | \$5,460 | \$1,314 | \$1,314 |
| | 100/300/50 Liability with Comprehensive and Collision | | | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 2003 Cadillac Seville "STS" 4 door Sedan | Minimum Liability | | | \$2,328 | \$2,328 | \$612 | \$612 | \$2,064 | \$2,064 | \$540 | \$540 | \$2,652 | \$2,652 | \$690 | \$690 | \$2,064 | \$2,064 | \$540 | \$540 | \$2,328 | \$2,328 | \$612 | \$612 |
| | Minimum Liability with Comprehensive and Collision | | | \$4,800 | \$4,800 | \$1,164 | \$1,164 | \$4,290 | \$4,290 | \$1,038 | \$1,038 | \$5,400 | \$5,400 | \$1,308 | \$1,308 | \$4,290 | \$4,290 | \$1,038 | \$1,038 | \$4,800 | \$4,800 | \$1,164 | \$1,164 |
| | 100/300/50 Liability with Comprehensive and Collision | | | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 1998 Chevrolet Cavalier LS 4D Sedan | Minimum Liability | | | \$2,328 | \$2,328 | \$612 | \$612 | \$2,064 | \$2,064 | \$540 | \$540 | \$2,652 | \$2,652 | \$690 | \$690 | \$2,064 | \$2,064 | \$540 | \$540 | \$2,328 | \$2,328 | \$612 | \$612 |
| | Minimum Liability with Comprehensive and Collision | | | \$3,966 | \$3,966 | \$978 | \$978 | \$3,540 | \$3,540 | \$876 | \$876 | \$4,476 | \$4,476 | \$1,098 | \$1,098 | \$3,540 | \$3,540 | \$876 | \$876 | \$3,966 | \$3,966 | \$978 | \$978 |
| | 100/300/50 Liability with Comprehensive and Collision | | | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

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 Santa Fe Auto Insurance Company
 NAIC # (including group #) 12223

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 2.5%
- b. Good Student Discount %
- c. Multi-car Discount %
- d. Accident Free Discount* %

Please Specify Qualification for Discount:
Certificate of completion of approved motor vehicle
accident prevention course

- e. Anti-Theft Discount %
- f. Other (specify) %
College Graduate under 25 10.0%
 _____ %
 _____ %

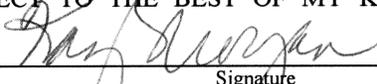
6. Do you have an installment payment plan for automobile insurance? Yes No
 If so, what is the fee for installment payments?

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:

| Territory | Program | Liab | Percentage Difference | | | Towing | Volume |
|-----------|---------|------|-----------------------|-------------|--------|--------------------|--------|
| | | | PIP | UM/UIM & PD | | | |
| 51 | | 0% | 0% | 0% | 0% | N/A Initial Filing | |
| " | 52 | -15% | -10% | -9% | -12.5% | N/A Initial Filing | |
| " | 53 | -25% | -20% | -18% | -25.0% | N/A Initial Filing | |

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


 Signature
Kay Morgan
 Printed Name
Regulatory Coordinator
 Title
972-239-8511
 Telephone Number
kay.morgan@santafeinsurance.net
 Email address

Property & Casualty Transmittal Document

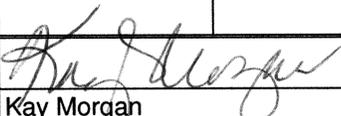
Reset Form

| | | | | | |
|--|--|--------------|--|------------------|--|
| <p>1. Reserved for Insurance Dept. Use Only</p> | <p>2. Insurance Department Use only</p> <p>a. Date the filing is received:</p> <p>b. Analyst:</p> <p>c. Disposition:</p> <p>d. Date of disposition of the filing:</p> <p>e. Effective date of filing:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> <p>f. State Filing #:</p> <p>g. SERFF Filing #:</p> <p>h. Subject Codes</p> | New Business | | Renewal Business | |
| New Business | | | | | |
| Renewal Business | | | | | |

| | | | | |
|---------------------------------|---------------------|---------------|---------------|----------------|
| 3. Group Name | Group NAIC # | | | |
| | | | | |
| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # |
| Santa Fe Auto Insurance Company | Texas | 12223 | 01-0791746 | 2892 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | |
|-----------------------------------|---------|
| 5. Company Tracking Number | SFAAR01 |
|-----------------------------------|---------|

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

| 6. Name and address | Title | Telephone #s | FAX # | e-mail |
|--|------------------------|--|--------------|---------------------------------|
| Kay Morgan | Regulatory Coordinator | 972-239-8511 | 972-239-8512 | kay.morgan@santafeinsurance.net |
| 13702 Gamma RD Dallas, TX 75244 | | | | |
| 7. Signature of authorized filer | |  | | |
| 8. Please print name of authorized filer | | Kay Morgan | | |

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) | |
| 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: May 1, 2009 Renewal: |
| 15. Reference Filing? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 16. Reference Organization (if applicable) | |
| 17. Reference Organization # & Title | |
| 18. Company's Date of Filing | April 6, 2009 |
| 19. Status of filing in domicile | <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 # SFAAR01

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

This is the initial Rate/Rule filing for Arkansas.

[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:

Payment is being made via EFT.

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.)**

RATE/RULE FILING SCHEDULE

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

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

| | | |
|-----------|--|---------|
| 1. | This filing transmittal is part of Company Tracking # | SFAAR01 |
|-----------|--|---------|

| | | |
|-----------|---|---------|
| 2. | This filing corresponds to form filing number (Company tracking number of form filing, if applicable) | ARD-ARC |
|-----------|---|---------|

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

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

| 4a. Rate Change by Company (As Proposed) | | | | | | | |
|--|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| Company Name | Overall % Indicated Change (when applicable) | Overall % Rate Impact | Written premium change for this program | # of policyholders affected for this program | Written premium for this program | Maximum % Change (where required) | Minimum % Change (where required) |
| | | | | | | | |
| | | | | | | | |

| 4b. Rate Change by Company (As Accepted) For State Use Only | | | | | | | |
|---|--|-----------------------|---|--|----------------------------------|------------------|------------------|
| Company Name | Overall % Indicated Change (when applicable) | Overall % Rate Impact | Written premium change for this program | # of policyholders affected for this program | Written premium for this program | Maximum % Change | 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 | | |

| | | |
|-----------|--|--|
| 6. | Overall percentage of last rate revision | |
| 7. | Effective Date of last rate revision | |
| 8. | Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.) | |

| 9. | Rule # or Page # Submitted for Review | Replacement or withdrawn? | Previous state filing number, if required by state |
|----|---------------------------------------|---|--|
| 01 | SFAAR01 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N/A |
| 02 | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |
| 03 | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |

SERFF Tracking Number: *SNTF-125973393* *State:* *Arkansas*
Filing Company: *Santa Fe Auto Insurance Company* *State Tracking Number:* *EFT \$100*
Company Tracking Number: *SFAAR01*
TOI: *19.0 Personal Auto* *Sub-TOI:* *19.0001 Private Passenger Auto (PPA)*
Product Name: *Personal Automobile*
Project Name/Number: *Initial Rates/Rules Filing/*

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

| Original Date: | Schedule | Document Name | Replaced Date | Attach Document |
|-----------------------|---------------------|-------------------------------------|----------------------|------------------------------|
| No original date | Rate and Rule | SFAAR01 | 04/06/2009 | SFAAR01 4-1-09.pdf |
| No original date | Supporting Document | APCS-Auto Premium Comparison Survey | 01/05/2009 | PPA_Survey_FO RM_APCS.xls |

Santa Fe Auto Insurance Company
Arkansas Private Passenger Auto Rating Plan - Page 1 of 5
Effective May 1, 2009

Assigned Drivers

1. Each driver is classified by age, sex, and marital status, as follows:

| | ----- Driver Age on Inception Date ----- | | | | |
|------------------|--|--------------|--------------|--------------|--------------|
| | <u>Under 21</u> | <u>21-24</u> | <u>25-29</u> | <u>30-39</u> | <u>40-up</u> |
| Unmarried Male | 2C-1 | 2C-2 | 1B | 6A | 8A |
| Unmarried Female | 2D | 1A | 3A | 6B | 8B |
| Married Male | 2A-1 | 2A-2 | 3B | 6A | 8A |
| Married Female | 2D | 1A | 3B | 6B | 8B |

2. In order to determine vehicle premiums, a driver is assigned to each vehicle as follows:

- a) Vehicles with Physical Damage coverage (if any) are ranked in descending order of the Actual Cash Value at inception, followed by vehicles without Physical Damage coverage.
- b) Drivers are ranked in descending order of their Base Annual Premium for Liability Coverage.
- c) The Assigned Driver for each vehicle is the driver with the same rank as the vehicle. If there are more vehicles than drivers, the Base Annual Premium for Class 6B is used for rating each vehicle for which there is no Assigned Driver.

Liability Coverage

1. The Base Annual Premium per vehicle for each driver class is shown below.

| | 1A | 1B | 2A-1 | 2A-2 | 2C-1 | 2C-2 | 2D | 3A | 3B | 6A | 6B | 8A | 8B |
|------------|-----------|-----------|-------------|-------------|-------------|-------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| BI: | 548 | 274 | 1008 | 672 | 1008 | 672 | 1008 | 264 | 260 | 248 | 244 | 222 | 216 |
| PD: | 820 | 410 | 1512 | 1008 | 1512 | 1008 | 1512 | 408 | 400 | 376 | 368 | 342 | 330 |

2. The Base Annual Premiums are multiplied by the Point Factor for At-Fault Accidents from the Underwriting Rules on Page 5.
3. The limits for liability coverage are \$25,000 because of bodily injury to or death of one person in any one accident, \$50,000 because of bodily injury to or death to two or more persons in any one accident, and \$25,000 because of injury to or destruction of property of others in any one accident.

Uninsured/Underinsured Motorist Protection Coverage

1. The Base Annual Premium is \$108 for Bodily Injury and \$156 for Property Damage.
2. Limits and deductibles are the same as the corresponding liability coverage.

Personal Injury Protection Coverage

1. The Base Annual Premium for each option is determined by multiplying the Bodily Injury Base Annual Premium for Liability Premium from Liability Coverage Item 2 above by the factors listed under Adjusted Annual Premium on Page 2 hereof. Limits of coverage are as stated in Arkansas Code §23-89-202.

Coverage for Damage to Your Auto (Physical Damage)

1. The Combined Base Annual Premium for each vehicle is \$984.00 plus 9.0% of the Actual Cash Value in excess of \$5,000 at inception.
2. The Combined Base Annual Premium for each vehicle is multiplied by the ratio of the liability Base Annual Premium for that vehicle from Liability Coverage Item 1 above to the liability Base Annual Premium for Class 6B from Liability Coverage Item 1 above.
3. The Collision Base Annual Premium is 75% of the Combined Base Annual Premium.
4. The Other Than Collision Base Annual Premium is 25% of the Combined Base Annual Premium.
5. The Collision Base Annual Premium is multiplied by the Point Factor for At-Fault Accidents from the Underwriting Rules on Page 5.
6. There is a deductible of \$500 per loss event for Physical Damage coverage.

Rental Reimbursement Coverage

1. The Base Annual Premium is \$192.00 per vehicle.
2. Coverage limit is \$20 per day with a maximum of \$600 per accident.

Santa Fe Auto Insurance Company
Arkansas Private Passenger Auto Rating Plan - Page 2 of 5
Effective May 1, 2009

Towing and Labor Coverage

1. The Base Annual Premium is \$48.00 per vehicle.
2. Coverage limit is \$100 per occurrence.

Adjusted Annual Premium

The Base Annual Premiums for the coverages listed below are multiplied by the following factors to get the Adjusted Annual Premium for each coverage, rounded to the nearest cent. Factors are shown for each of the policy forms offered. Territories are defined on Page 4.

| <u>Coverage</u> | ---Territory 51--- | | ---Territory 52--- | | ---Territory 53--- | |
|-------------------------------|--------------------|---------------|--------------------|---------------|--------------------|---------------|
| | <u>Form C</u> | <u>Form D</u> | <u>Form C</u> | <u>Form D</u> | <u>Form C</u> | <u>Form D</u> |
| Liability | 1.000 | 0.950 | 0.850 | 0.800 | 0.750 | 0.700 |
| Medical and Hospital Benefits | 1.500 | 1.500 | 1.350 | 1.350 | 1.200 | 1.200 |
| Income Disability Benefits | 0.625 | 0.625 | 0.562 | 0.562 | 0.500 | 0.500 |
| Accidental Death Benefits | 0.375 | 0.375 | 0.338 | 0.338 | 0.300 | 0.300 |
| Uninsured/Underinsured | 1.000 | 1.000 | 0.909 | 0.909 | 0.818 | 0.818 |
| Physical Damage | 0.900 | 0.900 | 0.810 | 0.810 | 0.730 | 0.730 |
| Towing and Labor | 1.000 | 1.000 | 0.875 | 0.875 | 0.750 | 0.750 |

For each covered person who is 55 years of age or older and provides a certificate of completion of an approved motor vehicle accident prevention course, the Adjusted Annual Premiums for Liability and Physical Damage coverage for the vehicle for which such person is the Assigned Driver are multiplied by 0.975.

For each SR-22 that is issued, the Liability and Collision coverage premiums for the vehicle for which the person named in the SR-22 is the Assigned Driver are multiplied by 1.25.

College Gradutes

For each covered person who is under age 25 and has graduated from a college or university with a grade average of "B" or higher or a grade point average of at least 3.0 on a 4-point scale, the premium for the vehicle for which that person is the Assigned Driver is multiplied by 0.900.

Six-Month Premium

The following steps are used to calculate the actual six-month policy premium from the Adjusted Annual Premiums. The resulting six-month policy premium is a multiple of \$6.00 so that monthly payments will be a whole-dollar amount. This is done to avoid the handling of coins by those who make payments in cash, to avoid mistakes in the check amount by those who write checks, and to simplify communication with customers when discussing premiums and payments.

1. Divide each Adjusted Annual Premium by 2 to get the six-month premium component for each coverage.
2. Add all six-month premium components to get the Total Premium for six months.
3. Divide the Total Premium by 6 to get the Monthly Premium.
4. Round the Monthly Premium to the nearest whole dollar to get the Rounded Monthly Premium.
5. Multiply the Rounded Monthly Premium by 6 to get the Six-Month Premium.
6. Divide the Six-Month Premium from Step 5 by the Total Premium from Step 2 to get the Premium Factor.
7. Multiply each premium component from Step 1 by the Premium Factor from Step 6, rounding each component to the nearest cent.
8. If the sum of all components is not equal to the Six-Month Premium from Step 5, add the difference (which can be positive or negative) to the largest component so that the sum of all components will be equal to the Six-Month Premium from Step 5. Because all components were rounded to the nearest cent, this difference will be less than ten cents.
9. In the event of cancellation by the insured, the minimum premium is \$25 per vehicle.

Santa Fe Auto Insurance Company
Arkansas Private Passenger Auto Rating Plan - Page 3 of 5
Effective May 1, 2009

Policy Fee and Service Charge When Premium is Paid Monthly

All policies are written for a term of six months and payment can be made in six equal installments, each of which includes premium for one month, a portion of the policy fee, and a service charge, as shown in the following table.

| <u>Annual Premium</u> | <u>Policy Fee at Inception</u> | <u>Policy Fee at Renewal</u> | <u>Monthly Policy Fee</u> | <u>Six-Month Policy Fee</u> | <u>Monthly Service Charge</u> |
|-----------------------|--------------------------------|------------------------------|---------------------------|-----------------------------|-------------------------------|
| Less than \$1,000 | 10 | 10 | 7 | 45 | 3 |
| 1,000-1,499 | 10 | 10 | 6 | 40 | 4 |
| 1,500-1,999 | 10 | 10 | 5 | 35 | 5 |
| 2,000-2,499 | 10 | 10 | 4 | 30 | 6 |
| 2,500-2,999 | 10 | 10 | 3 | 25 | 7 |
| 3,000-3,499 | 10 | 10 | 2 | 20 | 8 |
| 3,500-3,999 | 10 | 10 | 1 | 15 | 9 |
| 4,000 & Up | 10 | 10 | 0 | 10 | 10 |

Policy Fee When Premium is Paid in Full

When the full premium is paid at inception or renewal, there is no policy fee or service charge. If the policy is cancelled at the request of the insured, the six-month policy fee will be deducted from any refund of premium.

Reinstatement

Policies with monthly payments that are cancelled for non-payment of premium may be reinstated within 21 days of cancellation by paying the amount that was due at cancellation, subject to the following conditions:

1. The insured certifies in writing that there has been no loss event on the day of payment.
2. Coverage resumes at the time payment is received and continues for thirty calendar days, including the day of payment.
3. Each subsequent monthly payment will extend coverage for thirty days.

Late Renewal

All other policies that are not renewed at expiration because the renewal payment was not received before the expiration date may be renewed within 21 days thereafter by paying the amount that was due for renewal at the time of expiration. Coverage resumes at the time payment is received. Coverage continues for 183 calendar days including the day of payment.

Renewal Premium

The premium for each renewal period will be determined as described herein, using the Base Annual Premiums in effect at inception. In the event of a future reduction in Base Annual Premiums, the insured may convert to a new policy at the lower premium instead of renewing the existing policy.

Premium for Changes in Coverage

For each change in coverage requested by the insured, the new policy premium will be determined as described herein, using the Base Annual Premiums in effect at inception. Any change in vehicles or drivers that results in a change in premium is considered a change in coverage. A fee of \$15.00 is charged when the insured requests a change in vehicles that does not result in a change in premium. This does not apply during the first 30 days.

Santa Fe Auto Insurance Company
Arkansas Private Passenger Auto Rating Plan - Page 4 of 5
Effective May 1, 2009

Territories

The territory is determined by the ZIP code of the residence of the insured, as follows:

Territory 51

72002 72011 72015 72018 72019 72022 72032 72033 72034 72035 72039 72047 72053 72058 72061 72065 72076 72078
72089 72099 72103 72106 72111 72113 72114 72115 72116 72117 72118 72119 72120 72122 72124 72135 72142 72158
72164 72167 72173 72180 72181 72183 72190 72198 72199 72201 72202 72203 72204 72205 72206 72207 72209 72210
72211 72212 72214 72215 72216 72217 72219 72221 72222 72223 72225 72227 72231 72260 72295

Territory 52

71601 71602 71603 71611 71612 71613 71659 71901 71902 71903 71909 71910 71913 71914 71929 71933 71941 71942
71949 71951 71956 71964 71968 72004 72007 72023 72024 72037 72046 72072 72079 72083 72086 72087 72104 72105
72132 72133 72152 72168 72175 72176 72182 72701 72702 72703 72704 72711 72712 72714 72715 72716 72717 72718
72719 72722 72727 72728 72729 72730 72732 72733 72734 72735 72736 72737 72739 72741 72744 72745 72747 72749
72751 72753 72756 72757 72758 72761 72762 72764 72765 72766 72768 72769 72770 72774 72901 72902 72903 72904
72905 72906 72908 72913 72914 72916 72917 72918 72919 72923 72936 72937 72938 72940 72941 72945 72959

Territory 53

71630 71631 71635 71638 71639 71640 71642 71643 71644 71646 71647 71651 71652 71653 71654 71655 71656 71657
71658 71660 71661 71662 71663 71665 71666 71667 71670 71671 71674 71675 71676 71677 71678 71701 71711 71720
71721 71722 71724 71725 71726 71728 71730 71731 71740 71742 71743 71744 71745 71747 71748 71749 71750 71751
71752 71753 71754 71758 71759 71762 71763 71764 71765 71766 71768 71770 71772 71801 71802 71820 71822 71823
71825 71826 71827 71828 71831 71832 71833 71834 71835 71836 71837 71838 71839 71840 71841 71842 71844 71845
71846 71847 71851 71852 71853 71854 71855 71857 71858 71859 71860 71861 71862 71864 71865 71866 71920 71921
71922 71923 71932 71935 71937 71940 71943 71944 71945 71950 71952 71953 71957 71958 71959 71960 71961 71962
71965 71966 71969 71970 71971 71972 71973 71998 71999 72001 72003 72005 72006 72010 72012 72013 72014 72016
72017 72020 72021 72025 72026 72027 72028 72029 72030 72031 72036 72038 72040 72041 72042 72043 72044 72045
72048 72051 72052 72055 72057 72059 72060 72063 72064 72066 72067 72068 72069 72070 72073 72074 72075 72080
72081 72082 72084 72085 72088 72101 72102 72107 72108 72110 72112 72121 72123 72125 72126 72127 72128 72129
72130 72131 72134 72136 72137 72139 72140 72141 72143 72145 72149 72150 72153 72156 72157 72160 72165 72166
72169 72170 72178 72179 72189 72301 72303 72310 72311 72312 72313 72315 72316 72319 72320 72321 72322 72324
72325 72326 72327 72328 72329 72330 72331 72332 72333 72335 72336 72338 72339 72340 72341 72342 72346 72347
72348 72350 72351 72352 72353 72354 72355 72358 72359 72360 72364 72365 72366 72367 72368 72369 72370 72372
72373 72374 72376 72377 72379 72383 72384 72386 72387 72389 72390 72391 72392 72394 72395 72396 72401 72402
72403 72404 72410 72411 72412 72413 72414 72415 72416 72417 72419 72421 72422 72424 72425 72426 72427 72428
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72449 72450 72451 72453 72454 72455 72456 72457 72458 72459 72460 72461 72462 72464 72465 72466 72467 72469
72470 72471 72472 72473 72474 72475 72476 72478 72479 72482 72501 72503 72512 72513 72515 72517 72519 72520
72521 72522 72523 72524 72525 72526 72527 72528 72529 72530 72531 72532 72533 72534 72536 72537 72538 72539
72540 72542 72543 72544 72545 72546 72550 72553 72554 72555 72556 72560 72561 72562 72564 72565 72566 72567
72568 72569 72571 72572 72573 72575 72576 72577 72578 72579 72581 72583 72584 72585 72587 72601 72602 72611
72613 72615 72616 72617 72619 72623 72624 72626 72628 72629 72630 72631 72632 72633 72634 72635 72636 72638
72639 72640 72641 72642 72644 72645 72648 72650 72651 72653 72654 72655 72657 72658 72659 72660 72661 72662
72663 72666 72668 72669 72670 72672 72675 72677 72679 72680 72682 72683 72685 72686 72687 72721 72738 72740
72742 72752 72760 72773 72776 72801 72802 72811 72812 72820 72821 72823 72824 72826 72827 72828 72829 72830
72832 72833 72834 72835 72837 72838 72839 72840 72841 72842 72843 72845 72846 72847 72851 72852 72853 72854
72855 72856 72857 72858 72860 72863 72865 72921 72926 72927 72928 72930 72932 72933 72934 72935 72943 72944
72946 72947 72948 72949 72950 72951 72952 72955 72956 72957 72958

Santa Fe Auto Insurance Company
Arkansas Private Passenger Auto Rating Plan - Page 5 of 5
Effective May 1, 2009

Underwriting Rules

The following rules apply to all new business and additional drivers.

Drivers

1. All persons over 12 years of age who reside in the same household as the insured and are not listed as drivers must be excluded.
2. All drivers must have a valid driver license issued in the United States.
3. No driver with more than four traffic violations in the past year.
4. Driver points are assigned as follows for the past three years:

| | <u>Points</u> |
|--|---------------|
| DWI, DUI, Open Container, Racing, Hit/Run, Reckless Driving, Driving Without Valid License (suspended, revoked, etc.) | 5 |
| Speeding, Red Light, Stop Sign | 2 |
| All others except Parking, No Inspection, No Insurance | 1 |
| At-fault accident | 6 |
5. No driver with more than eight driver points.
6. Driver points are used to identify unacceptable drivers. Premiums are not affected by driver points, except for those resulting from at-fault accidents.

Vehicles

1. All vehicles must be listed in the N.A.D.A. Official Used Car Guide with an Average Retail Value not in excess of \$50,000.
2. All vehicles must be garaged at the residence address of the Insured.
3. All vehicles must be registered in the name of the Insured.
4. No vehicle with a rated load capacity greater than 3/4 ton.
5. No vehicle used for any business purpose.
6. No emergency, law enforcement, or public vehicles.
7. A replacement vehicle may be any motor vehicle as defined in A.R.S. 20-1631.

Point Factors for At-Fault Accidents

| <u>Points</u> | <u>Factor</u> | <u>Points</u> | <u>Factor</u> | <u>Points</u> | <u>Factor</u> |
|---------------|---------------|---------------|---------------|---------------|---------------|
| 0 | 1.00 | 6 | 1.45 | 12 | 2.15 |