

SERFF Tracking Number: PHAR-126536666 State: Arkansas
Filing Company: Pharmacists Mutual Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: AR-APV-06-10-RU
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Personal Automobile
Project Name/Number: AR-APV-06-10-RU/AR-APV-06-10-RU

Filing at a Glance

Company: Pharmacists Mutual Insurance Company

Product Name: Personal Automobile SERFF Tr Num: PHAR-126536666 State: Arkansas
TOI: 19.0 Personal Auto SERFF Status: Closed-Filed State Tr Num: EFT \$100
Sub-TOI: 19.0001 Private Passenger Auto Co Tr Num: AR-APV-06-10-RU State Status: Fees verified and received (PPA)
Filing Type: Rule Reviewer(s): Alexa Grissom, Betty Montesi
Disposition Date: 04/15/2010
Authors: Heidi Allen, Janine MacVey
Date Submitted: 03/17/2010 Disposition Status: Filed
Effective Date Requested (New): 06/01/2010 Effective Date (New): 06/01/2010
Effective Date Requested (Renewal): 06/01/2010 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: AR-APV-06-10-RU Status of Filing in Domicile:
Project Number: AR-APV-06-10-RU Domicile Status Comments:
Reference Organization: ISO Reference Number: PP-2009-BRLA1; PP-2009-REL1; PP-2009-IRLA1
Reference Title: Advisory Org. Circular: LI-PA-2010-003 & 004
Filing Status Changed: 04/15/2010 Deemer Date:
State Status Changed: 03/18/2010 Submitted By: Janine MacVey
Created By: Janine MacVey
Corresponding Filing Tracking Number:
Filing Description:
Pharmacists Mutual Insurance Company is a member of ISO for our Personal Automobile Program in your state. We are adopting the following ISO revisions as approved in the referenced filings:

PP-2009-BRLA1 - Loss Cost Revision
PP-2009-REL1 - Physical Damage Rating Factor Revision
PP-2009-IRLA1 - Liability Increased Limits Factor Revision

In conjunction with the Liability Increased Limits Factor Revision, we are revising our AR Exception Pages to include the

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revised factor for the 500/500 Bodily Injury Liability Factor. This factor has been provided to us by ISO.

Although we are not revising our loss cost multipliers with this revision, we have revised our AR Exception Pages to include reference to our current loss cost multipliers.

We would like for these revisions to become effective for all policies written on or after June 1, 2010.

Company and Contact

Filing Contact Information

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

Filing Company Information

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

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: Adoption of ISO rate revisions with no change to Loss Cost Multipliers = \$50
 Rule Revision = \$50
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pharmacists Mutual Insurance Company	\$100.00	03/17/2010	34957809

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	04/15/2010	04/15/2010

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	04/08/2010	04/08/2010	Janine MacVey	04/09/2010	04/09/2010
Pending Industry Response	Alexa Grissom	03/30/2010	03/30/2010	Janine MacVey	04/01/2010	04/01/2010
Pending Industry Response	Alexa Grissom	03/18/2010	03/18/2010	Janine MacVey	03/19/2010	03/19/2010

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Disposition

Disposition Date: 04/15/2010
 Effective Date (New): 06/01/2010
 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):
Pharmacists Mutual Insurance Company	4.000%	4.200%	\$28,812	386	\$678,758	%	%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	A-1 Private Passenger Auto Abstract	Filed	Yes
Supporting Document (revised)	APCS-Auto Premium Comparison Survey	Filed	Yes
Supporting Document	APCS-Auto Premium Comparison Survey	Filed	Yes
Supporting Document (revised)	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC loss cost data entry document	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	Rate/Rule Filing Schedule	Filed	Yes
Rate	AR Personal Automobile Manual Exception Pages, edition 06-10	Filed	Yes
Rate	AR Personal Automobile Manual Rate Pages, edition 06-10	Filed	Yes

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Product Name: Personal Automobile
Project Name/Number: AR-APV-06-10-RU/AR-APV-06-10-RU

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/08/2010
Submitted Date 04/08/2010
Respond By Date
Dear Janine MacVey,

This will acknowledge receipt of the captioned filing. The overall impact must be entered on the Rf-1. This abstract must be posted on the Department's web site and must include all necessary information.

Please feel free to contact me if you have questions.

Sincerely,
Alexa Grissom

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/09/2010
Submitted Date 04/09/2010

Dear Alexa Grissom,

Comments:

Response 1

Comments: I believe that I have completed the fields, as requested, this time. Please let me know if you need anything additional.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: NAIC loss cost data entry document
Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

SERFF Tracking Number: PHAR-126536666 *State:* Arkansas
Filing Company: Pharmacists Mutual Insurance Company *State Tracking Number:* EFT \$100
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TOI: 19.0 Personal Auto *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)
Product Name: Personal Automobile
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Sincerely,
Heidi Allen, Janine MacVey

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Product Name: Personal Automobile
Project Name/Number: AR-APV-06-10-RU/AR-APV-06-10-RU

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/30/2010
Submitted Date 03/30/2010
Respond By Date

Dear Janine MacVey,

This will acknowledge receipt of the captioned filing. The Rf-1 was not resubmitted; please resubmit it with the requested information.

In accordance with Regulation 23, Section 7.A., this filing may not be implemented until 20 days after the requested amendment(s) and/or information is received.

Please feel free to contact me if you have questions.

Sincerely,
Alexa Grissom

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/01/2010
Submitted Date 04/01/2010

Dear Alexa Grissom,

Comments:

Response 1

Comments: I have attached the revised RF-1, as requested.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: NAIC loss cost data entry document

Comment:

No Form Schedule items changed.

SERFF Tracking Number: PHAR-126536666 *State:* Arkansas
Filing Company: Pharmacists Mutual Insurance Company *State Tracking Number:* EFT \$100
Company Tracking Number: AR-APV-06-10-RU
TOI: 19.0 Personal Auto *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)
Product Name: Personal Automobile
Project Name/Number: AR-APV-06-10-RU/AR-APV-06-10-RU

No Rate/Rule Schedule items changed.

Sincerely,
Heidi Allen, Janine MacVey

SERFF Tracking Number: PHAR-126536666 State: Arkansas
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Company Tracking Number: AR-APV-06-10-RU
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Personal Automobile
Project Name/Number: AR-APV-06-10-RU/AR-APV-06-10-RU

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/18/2010
Submitted Date 03/18/2010
Respond By Date

Dear Janine MacVey,

This will acknowledge receipt of the captioned filing. Please complete all the sections of the Rf-1 including the overall impact and maximum and minimum increase. Additionally, the APCS must be submitted in Excel.

In accordance with Regulation 23, Section 7.A., this filing may not be implemented until 20 days after the requested amendment(s) and/or information is received.

Please feel free to contact me if you have questions.

Sincerely,
Alexa Grissom

Response Letter

Response Letter Status Submitted to State
Response Letter Date 03/19/2010
Submitted Date 03/19/2010

Dear Alexa Grissom,

Comments:

Response 1

Comments: Per your request, I have attached the Excel version of the APCS.

Since I am unable to edit the minimum and maximum impact field on the Rate/Rule Schedule tab, after the original submission of the filing, I have completed and attached the Rate/Rule Filing Schedule under the Supporting Documents tab.

As I previously indicated, we are not changing our loss cost multipliers with this revision. The resulting changes are from the effects of the ISO loss cost revision.

Please advise if there is anything additional which you need to complete this filing request.

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Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: APCS-Auto Premium Comparison Survey

Comment:

Satisfied -Name: Rate/Rule Filing Schedule

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Heidi Allen, Janine MacVey

<i>SERFF Tracking Number:</i>	<i>PHAR-126536666</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pharmacists Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>AR-APV-06-10-RU</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Personal Automobile</i>		
<i>Project Name/Number:</i>	<i>AR-APV-06-10-RU/AR-APV-06-10-RU</i>		

Rate Information

Rate data applies to filing.

Filing Method:	File & Use
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	-0.100%
Effective Date of Last Rate Revision:	05/01/2009
Filing Method of Last Filing:	File & Use

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):
Pharmacists Mutual Insurance Company	4.000%	4.200%	\$28,812	386	\$678,758	%	%

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Rate/Rule Schedule

Schedule Item Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed 04/15/2010	AR Personal Automobile Manual Exception Pages, edition 06-10	All	Replacement	PHAR-126013554 AR APV Exception Page 06-10.pdf
Filed 04/15/2010	AR Personal Automobile Manual Rate Pages, edition 06-10	All	Replacement	PHAR-126013554 AR APV Rate Pages 06-10.pdf

PHARMACISTS MUTUAL INSURANCE COMPANY
PERSONAL AUTOMOBILE PROGRAM MANUAL
ARKANSAS

Loss Cost Multiplier

PHARMACISTS MUTUAL INSURANCE COMPANY will use a loss cost multiplier of 1.417 for liability coverage and 1.679 for physical damage coverage, with all "Loss Costs" established by ISO for our Personal Automobile program.

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

3.E Premium Determination

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

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

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

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

7. Minimum Premium Rule

This rule is deleted.

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

9.C. Minimal Premium Adjustments

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

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

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

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

18. Increased Limits

- A. Liability Increased Limits Tables
Bodily Injury Liability Increased Limits

<u>Limit</u>	<u>Factor</u>
500/500	2.19

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

19. Miscellaneous Types

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

PHARMACISTS MUTUAL INSURANCE COMPANY
PERSONAL AUTOMOBILE PROGRAM MANUAL
ARKANSAS

Rule 22. has been added:

22. Personal Package Discount

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

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

Rule 23. has been added:

23. Multivariate Rating Factors

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

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

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

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

PHARMACISTS MUTUAL INSURANCE COMPANY

PERSONAL AUTOMOBILE PROGRAM MANUAL

ARKANSAS

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

Payment Method	Discount
Partial/EFT	0%
Full	5%

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

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

Filed Base Rates by Territory

<u>Terr</u>	\$75,000	25/50	\$25,000	1,000
	CSL	B.I.	P.D	MP
21	547	249	211	35
22	514	214	227	21
23	421	162	204	17
24	442	184	194	18
25	449	211	164	23
26	373	160	157	18
27	305	129	130	17
28	387	174	152	17
29	299	122	135	14
30	414	169	187	16
31	364	143	171	17
32	349	152	145	17
33	400	170	170	17

Increased Limit Factors

Single Limit		Bodily Injury		Property Damage		Med Pay	
75,000	1.00	25/50	1.00	25,000	1.00	1,000	1.00
100,000	1.07	50/100	1.25	50,000	1.06	2,000	1.70
200,000	1.23	100/200	1.53	100,000	1.12	5,000	2.70
300,000	1.31	100/300	1.54	150,000	1.15	10,000	3.46
500,000	1.41	250/500	1.94	200,000	1.18	25,000	4.52
1,000,000	1.52	300/300	1.99	250,000	1.20	50,000	5.26
		500/500	2.19	500,000	1.25	75,000	5.50
		500/1000	2.21	750,000	1.27	100,000	5.58
		1000/1000	2.41	1,000,000	1.28		

COMPREHENSIVE \$500 Deductible

<u>Terr</u>	Base Yr								
	<u>2010</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>
21	144	137	130	124	117	111	107	101	95
22	111	105	100	95	90	85	82	78	73
23	82	78	74	71	66	63	61	57	54
24	121	115	109	104	98	93	90	85	80
25	186	177	167	160	151	143	138	130	123
26	158	150	142	136	128	122	117	111	104
27	205	195	185	176	166	158	152	144	135
28	176	167	158	151	143	136	130	123	116
29	149	142	134	128	121	115	110	104	98
30	96	91	86	83	78	74	71	67	63
31	106	101	95	91	86	82	78	74	70
32	185	176	167	159	150	142	137	130	122
33	119	113	107	102	96	92	88	83	79

COMPREHENSIVE \$500 Deductible

Symbol Relativities								
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>10</u>
0.38	0.49	0.59	0.67	0.75	0.84	0.92	1.00	1.09
<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>	<u>18</u>	<u>19</u>
1.20	1.31	1.43	1.56	1.72	1.87	2.02	2.16	2.34
<u>20</u>	<u>21</u>	<u>22</u>	<u>23</u>	<u>24</u>	<u>25</u>	<u>26</u>		
2.54	2.77	3.06	3.37	3.83	4.49	5.17		
Comprehensive Deductible Factors								
	<u>50</u>	<u>100</u>	<u>200</u>	<u>250</u>	<u>500</u>	<u>1000</u>		
	1.46	1.38	1.25	1.19	1.00	0.77		

COLLISION \$500 Deductible

<u>Terr</u>	Base Yr								
	<u>2010</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>
21	519	488	457	431	394	363	343	322	301
22	440	414	387	365	334	308	290	273	255
23	352	331	310	292	268	246	232	218	204
24	394	370	347	327	299	276	260	244	229
25	411	386	362	341	312	288	271	255	238
26	376	353	331	312	286	263	248	233	218
27	381	358	335	316	290	267	251	236	221
28	421	396	370	349	320	295	278	261	244
29	358	337	315	297	272	251	236	222	208
30	337	317	297	280	256	236	222	209	195
31	361	339	318	300	274	253	238	224	209
32	435	409	383	361	331	305	287	270	252
33	356	335	313	295	271	249	235	221	206

COLLISION \$500 Deductible

Symbol Relativities								
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>10</u>
0.62	0.70	0.77	0.82	0.86	0.90	0.95	1.00	1.05
<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>	<u>18</u>	<u>19</u>
1.10	1.15	1.21	1.28	1.37	1.44	1.52	1.60	1.68
<u>20</u>	<u>21</u>	<u>22</u>	<u>23</u>	<u>24</u>	<u>25</u>	<u>26</u>		
1.76	1.84	1.94	2.05	2.21	2.46	2.71		
Collision Deductible Factors								
<u>100</u>	<u>200</u>	<u>250</u>	<u>500</u>	<u>1000</u>				
1.18	1.13	1.11	1.00	0.83				

PVM RULE 14.A - Uninsured Motorists Coverage

SPLIT LIMITS

BASIC LIMITS - Charge the rates per registered auto displayed below depending on whether the risk is a Single Car or a Multi-Car risk. For Multi-Car risks, apply the rate to each car including the first car.

Coverage	Territories	Single Car	Multi-Car (Per Car)
\$25,000/50,000 BI UM	21	\$33	\$26
	22, 23, 24 & 25	\$18	\$14
	All Remaining	\$13	\$10

SINGLE LIMIT

BASIC LIMITS - Charge the rates per registered auto displayed below depending on whether the risk is a Single Car or a Multi-Car risk. For Multi-Car risks, apply the rate to each car including the first car.

Coverage	Territories	Single Car	Multi-Car (Per Car)
\$50,000 Single Limit BI UM	21	\$41	\$33
	22, 23, 24 & 25	\$22	\$18
	All Remaining	\$16	\$13

INCREASED LIMITS - Add the additional rate increments shown to the basic limit rates.

	<u>Single Car</u>	<u>Multi-Car per Car</u>
Territory 21		
50/100	\$10	\$8
100/200	\$23	\$18
100/300	\$23	\$18
250/500	\$38	\$31
300/300	\$41	\$32
500/500	\$48	\$38
500/1,000	\$48	\$39
1,000/1,000	\$56	\$45
Terr: 22, 23, 24 & 25		
50/100	\$6	\$4
100/200	\$12	\$10
100/300	\$12	\$10
250/500	\$21	\$16
300/300	\$22	\$17
500/500	\$26	\$21
500/1,000	\$26	\$21
1,000/1,000	\$30	\$24
Terr: All Remaining		
50/100	\$4	\$3
100/200	\$9	\$7
100/300	\$9	\$7
250/500	\$15	\$12
300/300	\$16	\$13
500/500	\$19	\$15
500/1,000	\$19	\$15
1,000/1,000	\$22	\$17

INCREASED LIMITS - Add the additional rate increments shown to the basic limit rates.

	<u>Single Car</u>	<u>Multi-Car per Car</u>
Territory 21		
75,000	\$7	\$6
100,000	\$13	\$10
200,000	\$25	\$20
300,000	\$32	\$26
500,000	\$40	\$32
1,000,000	\$47	\$38
Terr: 22, 23, 24 & 25		
75,000	\$4	\$3
100,000	\$7	\$5
200,000	\$14	\$11
300,000	\$17	\$14
500,000	\$21	\$17
1,000,000	\$25	\$20
Terr: All Remaining		
75,000	\$3	\$2
100,000	\$5	\$4
200,000	\$10	\$8
300,000	\$12	\$10
500,000	\$15	\$12
1,000,000	\$18	\$15

PVM RULE 14.A - Uninsured Motorists Coverage

SPLIT LIMITS

BASIC LIMITS - Charge the rates per registered auto displayed below depending on whether the risk is a Single Car or a Multi-Car risk. For Multi-Car risks, apply the rate to each car including the first car.

Coverage	Territories	Single Car	Multi-Car (Per Car)
\$25,000/50,000/25,000 Bodily Injury & Property Damage*	21	\$81	\$65
	22, 23, 24 & 25	\$50	\$40
	All Remaining	\$34	\$27

*Property Damage Uninsured Motorists Coverage is subject to a \$200 deductible.

SINGLE LIMIT

BASIC LIMITS - Charge the rates per registered auto displayed below depending on whether the risk is a Single Car or a Multi-Car risk. For Multi-Car risks, apply the rate to each car including the first car.

Coverage	Territories	Single Car	Multi-Car (Per Car)
\$75,000 Bodily Injury & Property Damage*	21	\$94	\$75
	22, 23, 24 & 25	\$58	\$47
	All Remaining	\$41	\$33

*Property Damage Uninsured Motorists Coverage is subject to a \$200

INCREASED LIMITS BI UM - Add the additional rate increments shown to the basic limit rates.

	Single Car	Multi-Car per Car
Territory 21		
50/100	\$10	\$8
100/200	\$23	\$18
100/300	\$23	\$18
250/500	\$38	\$31
300/300	\$41	\$32
500/500	\$48	\$38
500/1,000	\$48	\$39
1,000/1,000	\$56	\$45
Terr: 22, 23, 24 & 25		
50/100	\$6	\$4
100/200	\$12	\$10
100/300	\$12	\$10
250/500	\$21	\$16
300/300	\$22	\$17
500/500	\$26	\$21
500/1,000	\$26	\$21
1,000/1,000	\$30	\$24
Terr: All Remaining		
50/100	\$4	\$3
100/200	\$9	\$7
100/300	\$9	\$7
250/500	\$15	\$12
300/300	\$16	\$13
500/500	\$19	\$15
500/1,000	\$19	\$15
1,000/1,000	\$22	\$17

INCREASED LIMITS BI & PD - Add the additional rate increments shown to the basic

	Single Car	Multi-Car per Car
Territory 21		
100,000	\$6	\$5
200,000	\$18	\$14
300,000	\$25	\$20
500,000	\$32	\$26
1,000,000	\$40	\$32
Terr: 22, 23, 24 & 25		
100,000	\$3	\$2
200,000	\$9	\$7
300,000	\$13	\$10
500,000	\$17	\$13
1,000,000	\$21	\$17
Terr: All Remaining		
100,000	\$2	\$2
200,000	\$7	\$5
300,000	\$9	\$7
500,000	\$12	\$10
1,000,000	\$15	\$12

INCREASED LIMITS PD UM - Add the additional rate increments shown to the basic limit rates.

	Terr: All Remaining	
50,000	\$1	\$1
100,000	\$2	\$2
200,000	\$3	\$3
300,000	\$4	\$3
500,000	\$5	\$4
1,000,000	\$6	\$5

PVM RULE 14.B - Underinsured Motorists Coverage

SPLIT LIMITS	Single	Multi-Car	SINGLE LIMIT	Single	Multi-Car
	Car	per Car		Car	per Car
	Territory 21			Territory 21	
\$ 25/50	\$39	\$31	\$50,000	\$65	\$52
50/100	\$66	\$53	75,000	\$85	\$68
100/200	\$104	\$83	100,000	\$103	\$82
100/300	\$105	\$84	200,000	\$146	\$117
250/500	\$164	\$131	300,000	\$174	\$139
300/300	\$174	\$139	500,000	\$206	\$165
500/500	\$206	\$165	1,000,000	\$242	\$194
500/1,000	\$207	\$166			
1,000/1,000	\$242	\$194			
	Terr: 22, 23, 24 & 25			Terr: 22, 23, 24 & 25	
\$ 25/50	\$34	\$27	\$50,000	\$57	\$45
50/100	\$58	\$46	75,000	\$75	\$60
100/200	\$91	\$73	100,000	\$90	\$72
100/300	\$92	\$74	200,000	\$128	\$103
250/500	\$143	\$115	300,000	\$152	\$122
300/300	\$152	\$122	500,000	\$181	\$145
500/500	\$181	\$145	1,000,000	\$212	\$170
500/1,000	\$182	\$145			
1,000/1,000	\$212	\$170			
	Terr: All Remaining			Terr: All Remaining	
\$ 25/50	\$27	\$22	\$50,000	\$46	\$36
50/100	\$46	\$37	75,000	\$60	\$48
100/200	\$73	\$58	100,000	\$72	\$58
100/300	\$74	\$59	200,000	\$103	\$82
250/500	\$115	\$92	300,000	\$122	\$98
300/300	\$122	\$98	500,000	\$145	\$116
500/500	\$145	\$116	1,000,000	\$170	\$136
500/1,000	\$146	\$117			
1,000/1,000	\$170	\$136			

D. Optional Limits Transportation Expenses Coverage

Coverage	Annual Rate Per Auto
\$30/\$900 Optional Limits Transportation Expenses Coverage	\$10
\$40/1200 Optional Limits Transportation Expenses Coverage	\$18
\$50/\$1500 Optional Limits Transportation Expenses Coverage	\$27

E. Towing and Labor Costs

Limit Per Disablement	Rate Per Vehicle, Per Year
\$25	\$4
\$50	\$7
\$75	\$9
\$100	\$11

Limit Per Disablement	Rate Per Motor Home Per Year
\$150	\$11
\$200	\$14
\$250	\$18

F. Increased Limits for Excess Electronic Equipment

Maximum Limit of Liability for Excess Electronic Equipment	Rate
\$1,500	\$49
\$2,000	\$98
\$2,500	\$147
\$3,000	\$195
\$3,500	\$244
\$4,000	\$293
\$4,500	\$342
\$5,000	\$391
\$5,001 & over	\$32 per \$500

G. Tapes, Records, Disks and Other Media Coverage

Limit of Coverage	Rate per Year
\$200	\$16

H. Excess Custom Equipment Coverage

Maximum Limit of Liability for Excess Custom Equipment	Rate per Auto
\$2,000	\$8
\$3,000	\$25
\$4,000	\$42
\$5,000	\$59
\$6,000	\$76
\$7,000	\$92
\$8,000	\$109
\$9,000	\$126
\$10,000	\$143

For limits in excess of \$10,000, charge an additional \$10 per \$1,000 of coverage.

I. Limited Mexico Coverage

Rate per Year	\$7
---------------	-----

K. Trip Interruption Coverage

Limit of Coverage	Rate per Year
\$600	\$16

B. Trailers Designed For Use With Private Passenger Autos and Camper Bodies

All Other Trailers

Coverage	Deductible	Rate Per \$100
Comprehensive	\$500	\$0.77
Collision	\$500	\$0.79

D. Snowmobiles and All-Terrain Vehicles

Coverage	Deductible	Rate Per \$100
Comprehensive	\$500	\$1.51
Collision	\$500	\$1.73

E. Dune Buggies

Coverage	Deductible	Rate Per \$100
Comprehensive	\$500	\$1.59
Collision	\$500	\$6.23

F. Golf Carts

Coverage	Deductible	Rate Per \$100
Comprehensive	\$500	\$0.54
Collision	\$500	\$0.84

G. Antique Autos

Coverage	Deductible	Rate Per \$100
Comprehensive	\$500	\$0.81
Collision	\$500	\$1.19

Additional Rule - Arkansas Medical Payments Insurance, Work Loss Coverage and Accidental Death Benefit

The rates for Section B. are as follows:

2. Work Loss Coverage

b. Rates

(2) All other motor vehicles	Rate
Per car, per year	\$5

3. Accidental Death Benefit

b. Rates

(2) All other motor vehicles	Rate
Per car, per year	\$3

SERFF Tracking Number: PHAR-126536666 State: Arkansas
 Filing Company: Pharmacists Mutual Insurance Company State Tracking Number: EFT \$100
 Company Tracking Number: AR-APV-06-10-RU
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: Personal Automobile
 Project Name/Number: AR-APV-06-10-RU/AR-APV-06-10-RU

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	A-1 Private Passenger Auto Abstract	Filed	04/15/2010

Comments:

Attachments:

A-1 ed 1-06.pdf
 AR APV MVR 03-10.pdf

		Item Status:	Status Date:
Satisfied - Item:	APCS-Auto Premium Comparison Survey	Filed	04/15/2010

Comments:

Attachment:

AR APV Premium Survey 06-10.xls

		Item Status:	Status Date:
Satisfied - Item:	NAIC loss cost data entry document	Filed	04/15/2010

Comments:

Attachment:

FORM RF-1 Rate Filing Abstract.pdf

		Item Status:	Status Date:
Satisfied - Item:	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	04/15/2010

Comments:

Attachments:

industry_rates_loss_cost_other_coverLC.pdf
 industry_rates_loss_cost_filing_document_other - LI.pdf
 industry_rates_loss_cost_filing_document_other - PD.pdf

SERFF Tracking Number: PHAR-126536666 State: Arkansas
Filing Company: Pharmacists Mutual Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: AR-APV-06-10-RU
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Personal Automobile
Project Name/Number: AR-APV-06-10-RU/AR-APV-06-10-RU

	Item Status:	Status
Satisfied - Item: Rate/Rule Filing Schedule	Filed	Date: 04/15/2010
Comments:		
Attachment:		
Rate-Rule Filing Schedule.pdf		

ARKANSAS INSURANCE DEPARTMENT

FORM A-1 PRIVATE PASSENGER AUTOMOBILE ABSTRACT

Instructions: All questions must be answered. If the answer is "none" or "Not applicable, so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each company if filing for a group. Subsequent private passenger auto rate/rule submissions that do not alter the information contained herein need not include this form.

Company Name Pharmacists Mutual Insurance Company
 NAIC # (including group #) 13714

1. Are there any areas in the State of Arkansas in which your company will not write automobile insurance? Yes No
 If yes, list the areas: _____

2. Do you furnish a market for young drivers? Yes No

3. Do require collateral business to support a youthful driver? Yes No

4. Do you insure drivers with an international or foreign driver's license? Yes No

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

- a. Driver over 55 10%
- b. Good Student Discount 15%
- c. Multi-car Discount 20%
- d. Accident Free Discount* 0-10%

Please Specify Qualification for Discount:

Please refer to page PMIC-2 of AR Personal Automobile Manual
Exception Page, edition 06-10

- e. Anti-Theft Discount 15%
- f. Other (specify) Airbag/Seatbelt 30%
- Anti-lock Brake 5%
- Personal Package Discount 5%
- Driver Training 25%

6. Do you have an installment payment plan for automobile insurance? Yes No

If so, what is the fee for installment payments?

Electronic Funds Transfer = \$1 per month

Quarterly: \$5 per installment, not counting the first

Semi-annual: \$5 per installment, not counting the first

7. Does your company utilize a tiered rating plan? Yes No

If so, list the programs and percentage difference and current volume for each plan:

Program	Percentage Difference	Volume
Safe Driver	0 to 10%	NOTE: Please refer to attachment AR APV MVR 03-10.pdf
Loyalty	0 to 10%	
Payment Method	0 to 5%	
Insurance Score	Surcharge Discount -15 to 10%	

NOTE: Please refer to Rule 23, page
 PMIC-2 & 3 of AR Personal
 Automobile Manual Exception
 Pages, edition 06-10

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

Signature
Janine M MacVey

Printed Name
Rate Analyst

Title
(800) 247-5930 ext 7207

Telephone Number
Janine.macvey@phmic.com

Email address

AID PC A-1 (1/06)

ARKANSAS MVR ANALYSIS 03-10

SAFE DRIVER DISCOUNT	Accident Free Years	Total Receiving Disc	% of Total Receiving Disc
0%	<4	98	23.2%
5%	4 - 5	63	14.9%
10%	6+	261	61.8%

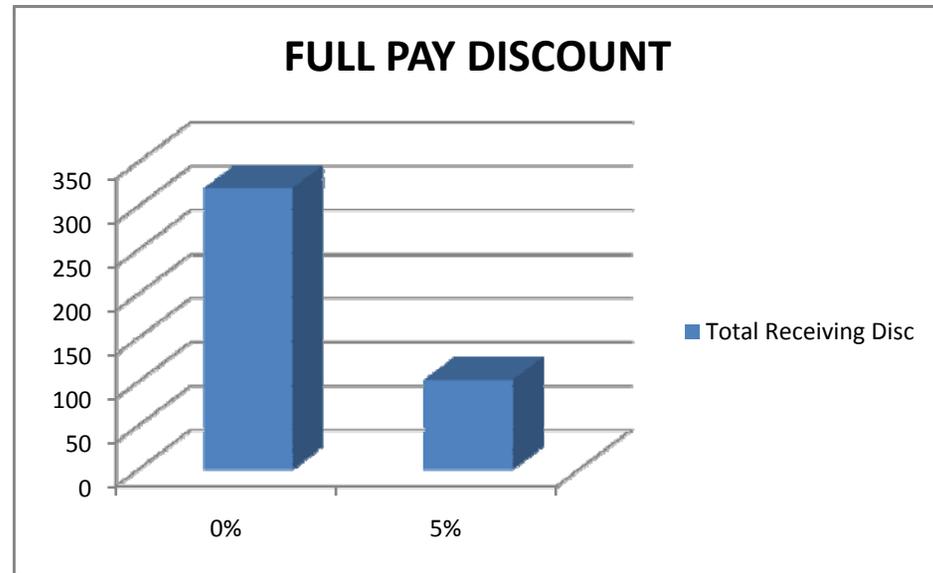


LOYALTY % DISCOUNT	YRS WITH PHMIC	Total Receiving Disc	% of Total Receiving Disc
0%	<4	37	8.8%
3%	4	13	3.1%
4%	5	13	3.1%
4%	6	25	5.9%
5%	7	32	7.6%
6%	8	16	3.8%
7%	9	23	5.5%
8%	10	36	8.5%
9%	11	35	8.3%
10%	12+	192	45.5%

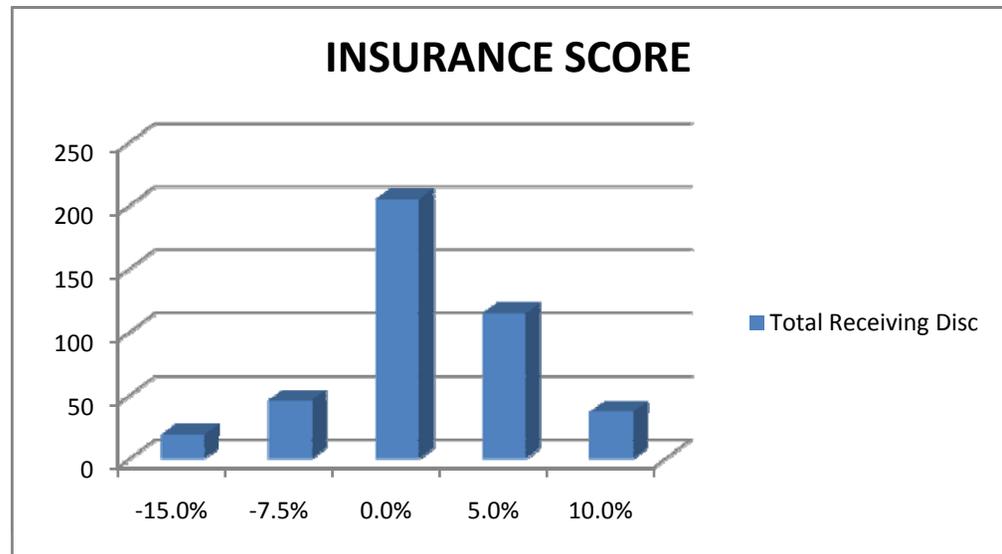


ARKANSAS MVR ANALYSIS 03-10

FULL PAY DISCOUNT	PAYMENT METHOD	Total Receiving Disc	% of Total Receiving Disc
0%	Partial/EFT	320	75.8%
5%	Full	102	24.2%

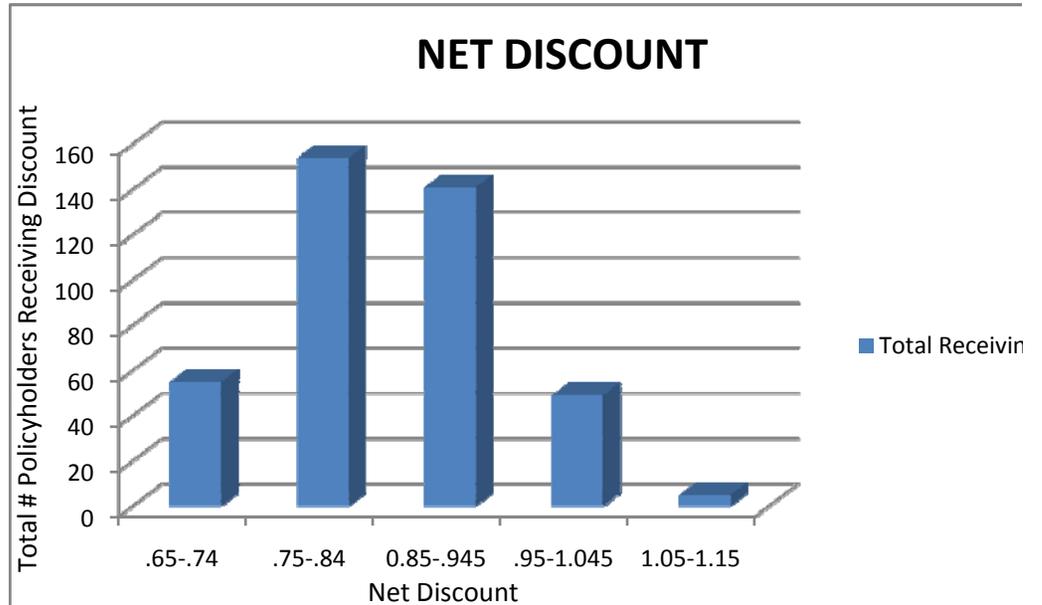


INSURANCE SCORE	SURCHARGE/DISCOUNT	Total Receiving Disc	% of Total Receiving Disc
Under 600	-15.0%	19	4.5%
600-649	-7.5%	46	10.9%
650-749 & No Hit	0.0%	205	48.6%
750-849	5.0%	115	27.3%
850+	10.0%	37	8.8%



ARKANSAS MVR ANALYSIS 03-10

NET DISCOUNT	Total Receiving Disc	% of Total Receiving Disc
.65-.74	55	13.6%
.75-.84	154	38.1%
0.85-.945	141	34.9%
.95-1.045	49	12.1%
1.05-1.15	5	1.2%
Wtd Ave Discount		0.84



SERFF Tracking Number: PHAR-126536666 *State:* Arkansas
Filing Company: Pharmacists Mutual Insurance Company *State Tracking Number:* EFT \$100
Company Tracking Number: AR-APV-06-10-RU
TOI: 19.0 Personal Auto *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)
Product Name: Personal Automobile
Project Name/Number: AR-APV-06-10-RU/AR-APV-06-10-RU

Attachment "AR APV Premium Survey 06-10.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: 13714
Company Name: Pharmacists Mutual Insurance Company
Contact Person: Janine M MacVey
Telephone No.: (800) 247-5930 Ext. 7207
Email Address: janine.macvey@phmic.com
Effective Date: 06/01/2010

Assumptions to Use:

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

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

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

DISCOUNTS OFFERED:
 PASSIVE RESTRAINT/AIRBAG 30%
 AUTO/HOMEOWNERS 5%
 GOOD STUDENT 15%
 ANTI-THEFT DEVICE 15%
 Over 55 Defensive Driver Discount 10%
 \$250/\$500 Deductible Comp./Coll. 0/10%

Vehicle	Coverages	Gender	Fayetteville				Trumann				Little Rock				Lake Village				Pine Bluff				
			Age	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		\$938	\$1,173	\$369	\$352	\$1,003	\$1,255	\$391	\$373	\$1,299	\$1,624	\$509	\$486	\$803	\$1,001	\$322	\$308	\$1,146	\$1,430	\$456	\$435	
	Minimum Liability with Comprehensive and Collision		\$1,758	\$2,214	\$653	\$620	\$1,842	\$2,320	\$682	\$647	\$2,261	\$2,845	\$842	\$801	\$1,859	\$2,341	\$688	\$654	\$2,214	\$2,785	\$826	\$784	
	100/300/50 Liability with Comprehensive and Collision		\$2,032	\$2,545	\$785	\$748	\$2,151	\$2,697	\$827	\$787	\$2,650	\$3,320	\$1,024	\$976	\$2,107	\$2,641	\$812	\$773	\$2,591	\$3,245	\$1,004	\$955	
2003 Ford Explorer "XL" 2WD, 4 door	Minimum Liability		\$927	\$1,158	\$365	\$348	\$992	\$1,240	\$387	\$369	\$1,284	\$1,605	\$504	\$481	\$792	\$986	\$318	\$304	\$1,130	\$1,409	\$450	\$430	
	Minimum Liability with Comprehensive and Collision		\$1,913	\$2,410	\$706	\$670	\$2,002	\$2,521	\$737	\$699	\$2,441	\$3,073	\$901	\$859	\$2,076	\$2,616	\$762	\$724	\$2,423	\$3,049	\$897	\$853	
	100/300/50 Liability with Comprehensive and Collision		\$2,187	\$2,741	\$838	\$798	\$2,311	\$2,898	\$882	\$839	\$2,830	\$3,548	\$1,086	\$1,034	\$2,324	\$2,916	\$886	\$843	\$2,800	\$3,509	\$1,075	\$1,024	
2003 Honda Odyssey "EX"	Minimum Liability		\$938	\$1,173	\$369	\$352	\$1,003	\$1,255	\$391	\$373	\$1,299	\$1,624	\$509	\$486	\$803	\$1,001	\$322	\$308	\$1,146	\$1,430	\$456	\$435	
	Minimum Liability with Comprehensive and Collision		\$1,867	\$2,352	\$690	\$656	\$1,953	\$2,460	\$720	\$684	\$2,389	\$3,008	\$886	\$842	\$2,004	\$2,525	\$738	\$701	\$2,357	\$2,967	\$875	\$831	
	100/300/50 Liability with Comprehensive and Collision		\$2,141	\$2,683	\$822	\$784	\$2,262	\$2,837	\$865	\$824	\$2,778	\$3,483	\$1,068	\$1,017	\$2,252	\$2,825	\$862	\$820	\$2,734	\$3,427	\$1,053	\$1,022	
2005 Toyota Camry LE 3.0L 4 door Sedan	Minimum Liability		\$927	\$1,158	\$365	\$348	\$992	\$1,240	\$387	\$369	\$1,284	\$1,605	\$504	\$481	\$792	\$980	\$318	\$304	\$1,130	\$1,409	\$450	\$430	
	Minimum Liability with Comprehensive and Collision		\$2,173	\$2,739	\$797	\$756	\$2,269	\$2,861	\$829	\$786	\$2,736	\$3,447	\$1,006	\$956	\$2,423	\$3,056	\$883	\$838	\$2,769	\$3,488	\$1,017	\$966	
	100/300/50 Liability with Comprehensive and Collision		\$2,447	\$3,070	\$929	\$884	\$2,578	\$3,238	\$974	\$926	\$3,125	\$3,922	\$1,188	\$1,131	\$2,671	\$3,356	\$1,007	\$957	\$3,146	\$3,948	\$1,195	\$1,137	
2003 Cadillac Seville "STS" 4 door Sedan	Minimum Liability		\$938	\$1,173	\$369	\$352	\$1,003	\$1,255	\$391	\$373	\$1,299	\$1,624	\$509	\$486	\$803	\$1,001	\$322	\$308	\$1,146	\$1,430	\$456	\$435	
	Minimum Liability with Comprehensive and Collision		\$2,297	\$2,898	\$839	\$796	\$2,401	\$3,031	\$875	\$830	\$2,885	\$3,637	\$1,058	\$1,005	\$2,617	\$3,303	\$950	\$901	\$2,958	\$3,730	\$1,083	\$1,027	
	100/300/50 Liability with Comprehensive and Collision		\$2,571	\$3,229	\$971	\$924	\$2,710	\$3,408	\$1,020	\$970	\$3,274	\$4,112	\$1,240	\$1,180	\$2,865	\$3,603	\$1,074	\$1,020	\$3,335	\$4,190	\$1,261	\$1,198	
1998 Chevrolet Cavalier LS 4D Sedan	Minimum Liability		\$938	\$1,173	\$369	\$352	\$1,003	\$1,255	\$391	\$373	\$1,299	\$1,624	\$509	\$486	\$803	\$1,001	\$322	\$308	\$1,146	\$1,430	\$456	\$435	
	Minimum Liability with Comprehensive and Collision		\$1,916	\$2,413	\$707	\$672	\$2,007	\$2,529	\$739	\$702	\$2,441	\$3,074	\$904	\$860	\$2,083	\$2,626	\$765	\$727	\$2,435	\$3,066	\$902	\$856	
	100/300/50 Liability with Comprehensive and Collision		\$2,190	\$2,744	\$839	\$800	\$2,316	\$2,906	\$884	\$842	\$2,830	\$3,549	\$1,086	\$1,035	\$2,331	\$2,926	\$889	\$846	\$2,812	\$3,526	\$1,080	\$1,027	

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	AR-APV-06-10-RU
-----------	---	------------------------

2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	ISO: PP-2009-BRLA1, PP-2009-REL1, PP-2009-IRLA1
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	Company Name		Company NAIC Number
3.	A.	Pharmacists Mutual Insurance Company	B. 13714

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

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Personal Auto 19.1 & 19.2 Liability Coverage	5.5	10.4	64.4	1.06	1.417	Not applicable	1.417
Personal Auto 21.1 Physical Damage Coverage	3.0	-3.4	58.1	1.18	1.679	Not applicable	1.679
TOTAL OVERALL EFFECT	4.0	4.2					

6.

5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2005	456	7.1	8/1/05	788	550	71.2	101.3
2006	437	-0.3	8/1/06	801	339	45.4	91.4
2007	419	0.0	8/1/07	805	502	69.4	82.4
2008	409	-3.7	7/1/08	770	492	71.6	74.5
2009	386	-0.5	5/1/09	695	251	42.8	64.5

7.

Expense Constants	Selected Provisions
A. Total Production Expense	
B. General Expense	
C. Taxes, License & Fees	
D. Underwriting Profit & Contingencies	
E. Other (explain)	
F. TOTAL	

8. Y Apply Lost Cost Factors to Future filings? (Y or N)

9. 16.2% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 28

10. -1.8% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): 31

Date: 3/11/2010 _____

Space Reserved for Insurance
Department Use

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

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

1. INSURER NAME Pharmacists Mutual Insurance Company _____

ADDRESS 808 Hwy 18 W _____
 Algona, IA 50511 _____

2. PERSON RESPONSIBLE FOR FILING Janine M MacVey _____

TITLE Rate Analyst _____ TELEPHONE # 515-395-7207 _____
3. INSURER NAIC # 13714 _____
4. LINE OF INSURANCE Personal Automobile _____
5. ADVISORY ORGANIZATION ISO _____
6. PROPOSED RATE LEVEL CHANGE 4.2 _____ % EFFECTIVE DATE 6/1/2010 _____
7. PRIOR RATE LEVEL CHANGE -0.1 _____ % EFFECTIVE DATE 5/1/2009 _____
8. ATTACH "NAIC LOSS COST FILING DOCUMENT—OTHER THAN WORKERS' COMPENSATION" (Use the above document separately for each insurer elected loss cost multiplier.)

CALCULATION OF COMPANY LOSS COST MULTIPLIER

(EFFECTIVE AUG. 16, 2004)

This filing transmittal is part of Company Tracking #	AR-APV-06-10-RU
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

() **Loss Cost Reference Filing PP-2009-BRLA1, PP-2009-REL1, PP-2009-IRLA1** _____ () **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:

<input checked="" type="checkbox"/>	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.
<input type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: 19.0 Personal Auto; Sub-TOI: 19.0001 Private Passenger Auto (PPA) ; ASL 19.2 & 19.2 Liability Coverages_____

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.) **6%. This will maintain our current loss cost multiplier, without revision**

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) **1.06**

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	15.5	%
B.	General Expense	7.0	%
C.	Taxes, Licenses & Fee	2.5	%
D.	Underwriting profit & Contingencies (explain how investment income is taken into account)	5.0	%
E.	Other (explain)Investment Income Offset	-4.6	%
F.	Total	25.4	%

5.	A. Expected Loss Ratio: $ELR = 100\% - 4F = A$	74.6	%
	B. ELR in Decimal Form =	.746	
6.	Company Formula Loss Cost Multiplier (3B/5B)	1.42	
7.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.417	

8.	Rate Level Change for the coverage(s) to which this page applies	10.4
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PC IRF

CALCULATION OF COMPANY LOSS COST MULTIPLIER

(EFFECTIVE AUG. 16, 2004)

This filing transmittal is part of Company Tracking #	AR-APV-06-10-RU
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

() **Loss Cost Reference Filing PP-2009-BRLA1, PP-2009-REL1, PP-2009-IRLA1** _____ () **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:

<input checked="" type="checkbox"/>	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.
<input type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: 19.0 Personal Auto; Sub-TOI: 19.0001 Private Passenger Auto (PPA) ; ASL 21.1 Physical Damage Coverages _____

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.) **18%. This will maintain our current loss cost multiplier, without revision**

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) **1.18**

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	15.5	%
B.	General Expense	7.0	%
C.	Taxes, Licenses & Fee	2.5	%
D.	Underwriting profit & Contingencies (explain how investment income is taken into account)	5.0	%
E.	Other (explain)Investment Income Offset	-0.3	%
F.	Total	29.7	%

5.	A.	A. Expected Loss Ratio: $ELR = 100\% - 4F = A$	70.3	%
	B.	B. ELR in Decimal Form =	.703	
6.		Company Formula Loss Cost Multiplier (3B/5B)	1.68	
7.		Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.679	

8.	Rate Level Change for the coverage(s) to which this page applies	-3.4	
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PC IRF

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 #	AR-APV-06-10-RU
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File & Use
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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)
Pharmacists Mu	4.00%	4.20%	28,812	386	678,758	16.20%	-0.10%

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	AR Personal Automobile Manual Exception Pages, edition 06-10	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	PHAR-126013554
02	AR Personal Automobile Manual Rate Pages, edition 06-10	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	PHAR-126013554
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

SERFF Tracking Number: PHAR-126536666 State: Arkansas
 Filing Company: Pharmacists Mutual Insurance Company State Tracking Number: EFT \$100
 Company Tracking Number: AR-APV-06-10-RU
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: Personal Automobile
 Project Name/Number: AR-APV-06-10-RU/AR-APV-06-10-RU

Superseded Schedule Items

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.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/10/2010	Supporting Document	APCS-Auto Premium Comparison Survey	03/19/2010	AR APV Premium Survey 06-10.pdf (Superseded)
04/01/2010	Supporting Document	NAIC loss cost data entry document	04/09/2010	FORM RF-1 Rate Filing Abstract.pdf (Superseded)
03/10/2010	Supporting Document	NAIC loss cost data entry document	04/01/2010	FORM RF-1 Rate Filing Abstract.pdf (Superseded)

Private Passenger Auto Premium Comparison Survey Form

FORM APCS - last modified August 2005

NAIC Number: 13714
Company Name: Pharmacists Mutual Insurance Company
Contact Person: Janine M MacVey
Telephone No.: (800) 247-5930 Ext. 7207
Email Address: janine.macvey@phmic.com
Effective Date: 6/1/2010

Assumptions to Use:

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

Submit to: Arkansas Insurance Department
 1200 West Third Street
 Little Rock, AR 72201-1904
Telephone: 501-371-2800
 Email as an attachment to insurance.pnc@arkansas.gov
 You may also attach to a SERFF filing or submit on a compact disk

DISCOUNTS OFFERED:
 PASSIVE RESTRAINT/AIRBAG 30%
 AUTO/HOMEOWNERS 5%
 GOOD STUDENT 15%
 ANTI-THEFT DEVICE 15%
 Over 55 Defensive Driver Discount 10%
 \$250/\$500 Deductible Comp./Coll. 0/10%

Vehicle	Coverages	Gender	Age	Fayetteville				Trumann				Little Rock				Lake Village				Pine Bluff			
				Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66
				1999 Chevrolet Silverado 1500 2WD "LS" regular cab 119" WB	Minimum Liability			\$938	\$1,173	\$369	\$352	\$1,003	\$1,255	\$391	\$373	\$1,299	\$1,624	\$509	\$486	\$803	\$1,001	\$322	\$308
	Minimum Liability with Comprehensive and Collision			\$1,758	\$2,214	\$653	\$620	\$1,842	\$2,320	\$682	\$647	\$2,261	\$2,845	\$842	\$801	\$1,859	\$2,341	\$688	\$654	\$2,214	\$2,785	\$826	\$784
	100/300/50 Liability with Comprehensive and Collision			\$2,032	\$2,545	\$785	\$748	\$2,151	\$2,697	\$827	\$787	\$2,650	\$3,320	\$1,024	\$976	\$2,107	\$2,641	\$812	\$773	\$2,591	\$3,245	\$1,004	\$955
2003 Ford Explorer "XLT" 2WD, 4 door	Minimum Liability			\$927	\$1,158	\$365	\$348	\$992	\$1,240	\$387	\$369	\$1,284	\$1,605	\$504	\$481	\$792	\$986	\$318	\$304	\$1,130	\$1,409	\$450	\$430
	Minimum Liability with Comprehensive and Collision			\$1,913	\$2,410	\$706	\$670	\$2,002	\$2,521	\$737	\$699	\$2,441	\$3,073	\$901	\$859	\$2,076	\$2,616	\$762	\$724	\$2,423	\$3,049	\$897	\$853
	100/300/50 Liability with Comprehensive and Collision			\$2,187	\$2,741	\$838	\$798	\$2,311	\$2,898	\$882	\$839	\$2,830	\$3,548	\$1,086	\$1,034	\$2,324	\$2,916	\$886	\$843	\$2,800	\$3,509	\$1,075	\$1,024
2003 Honda Odyssey "EX"	Minimum Liability			\$938	\$1,173	\$369	\$352	\$1,003	\$1,255	\$391	\$373	\$1,299	\$1,624	\$509	\$486	\$803	\$1,001	\$322	\$308	\$1,146	\$1,430	\$456	\$435
	Minimum Liability with Comprehensive and Collision			\$1,867	\$2,352	\$690	\$656	\$1,953	\$2,460	\$720	\$684	\$2,389	\$3,008	\$886	\$842	\$2,004	\$2,525	\$738	\$701	\$2,357	\$2,967	\$875	\$831
	100/300/50 Liability with Comprehensive and Collision			\$2,141	\$2,683	\$822	\$784	\$2,262	\$2,837	\$865	\$824	\$2,778	\$3,483	\$1,068	\$1,017	\$2,252	\$2,825	\$862	\$820	\$2,734	\$3,427	\$1,053	\$1,022
2005 Toyota Camry LE 3.0L 4 door Sedan	Minimum Liability			\$927	\$1,158	\$365	\$348	\$992	\$1,240	\$387	\$369	\$1,284	\$1,605	\$504	\$481	\$792	\$980	\$318	\$304	\$1,130	\$1,409	\$450	\$430
	Minimum Liability with Comprehensive and Collision			\$2,173	\$2,739	\$797	\$756	\$2,269	\$2,861	\$829	\$786	\$2,736	\$3,447	\$1,006	\$956	\$2,423	\$3,056	\$883	\$838	\$2,769	\$3,488	\$1,017	\$966
	100/300/50 Liability with Comprehensive and Collision			\$2,447	\$3,070	\$929	\$884	\$2,578	\$3,238	\$974	\$926	\$3,125	\$3,922	\$1,188	\$1,131	\$2,671	\$3,356	\$1,007	\$957	\$3,146	\$3,948	\$1,195	\$1,137
2003 Cadillac Seville "STS" 4 door Sedan	Minimum Liability			\$938	\$1,173	\$369	\$352	\$1,003	\$1,255	\$391	\$373	\$1,299	\$1,624	\$509	\$486	\$803	\$1,001	\$322	\$308	\$1,146	\$1,430	\$456	\$435
	Minimum Liability with Comprehensive and Collision			\$2,297	\$2,898	\$839	\$796	\$2,401	\$3,031	\$875	\$830	\$2,885	\$3,637	\$1,058	\$1,005	\$2,617	\$3,303	\$950	\$901	\$2,958	\$3,730	\$1,083	\$1,027
	100/300/50 Liability with Comprehensive and Collision			\$2,571	\$3,229	\$971	\$924	\$2,710	\$3,408	\$1,020	\$970	\$3,274	\$4,112	\$1,240	\$1,180	\$2,865	\$3,603	\$1,074	\$1,020	\$3,335	\$4,190	\$1,261	\$1,198
1998 Chevrolet Cavalier LS 4D Sedan	Minimum Liability			\$938	\$1,173	\$369	\$352	\$1,003	\$1,255	\$391	\$373	\$1,299	\$1,624	\$509	\$486	\$803	\$1,001	\$322	\$308	\$1,146	\$1,430	\$456	\$435
	Minimum Liability with Comprehensive and Collision			\$1,916	\$2,413	\$707	\$672	\$2,007	\$2,529	\$739	\$702	\$2,441	\$3,074	\$904	\$860	\$2,083	\$2,626	\$765	\$727	\$2,435	\$3,066	\$902	\$856
	100/300/50 Liability with Comprehensive and Collision			\$2,190	\$2,744	\$839	\$800	\$2,316	\$2,906	\$884	\$842	\$2,830	\$3,549	\$1,086	\$1,035	\$2,331	\$2,926	\$889	\$846	\$2,812	\$3,526	\$1,080	\$1,027

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	AR-APV-06-10-RU
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	ISO: PP-2009-BRLA1, PP-2009-REL1, PP-2009-IRLA1
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Company Name		Company NAIC Number		
3.	A.	Pharmacists Mutual Insurance Company	B.	13714

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

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Personal Auto 19.1 & 19.2 Liability Coverage	5.5	10.4	64.4	1.06	1.417	Not applicable	1.417
Personal Auto 21.1 Physical Damage Coverage	3.0	-3.4	58.1	1.18	1.679	Not applicable	1.679
TOTAL OVERALL EFFECT							

6.

5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2005	456	7.1	8/1/05	788	550	71.2	101.3
2006	437	-0.3	8/1/06	801	339	45.4	91.4
2007	419	0.0	8/1/07	805	502	69.4	82.4
2008	409	-3.7	7/1/08	770	492	71.6	74.5
2009	386	-0.5	5/1/09	695	251	42.8	64.5

7.

Expense Constants	Selected Provisions
A. Total Production Expense	
B. General Expense	
C. Taxes, License & Fees	
D. Underwriting Profit & Contingencies	
E. Other (explain)	
F. TOTAL	

8. Y Apply Lost Cost Factors to Future filings? (Y or N)

9. 16.2% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 28

10. -1.8% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): 31

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	AR-APV-06-10-RU
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	ISO: PP-2009-BRLA1, PP-2009-REL1, PP-2009-IRLA1
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Company Name		Company NAIC Number		
3.	A.	Pharmacists Mutual Insurance Company	B.	13714

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

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Personal Auto 19.1 & 19.2 Liability Coverage	5.5	10.4	64.4	1.06	1.417	Not applicable	1.417
Personal Auto 21.1 Physical Damage Coverage	3.0	-3.4	58.1	1.18	1.679	Not applicable	1.679
TOTAL OVERALL EFFECT							

6.

5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2005	456	7.1	8/1/05	788	550	71.2	101.3
2006	437	-0.3	8/1/06	801	339	45.4	91.4
2007	419	0.0	8/1/07	805	502	69.4	82.4
2008	409	-3.7	7/1/08	770	492	71.6	74.5
2009	386	-0.5	5/1/09	695	251	42.8	64.5

7.

Expense Constants	Selected Provisions
A. Total Production Expense	
B. General Expense	
C. Taxes, License & Fees	
D. Underwriting Profit & Contingencies	
E. Other (explain)	
F. TOTAL	

8. Y Apply Lost Cost Factors to Future filings? (Y or N)