Filing at a Glance

Company: Pharmacists Mutual Insurance Company

Product Name: Personal Automobile	SERFF Tr Num: PHAR-128330499	State: Arkansas
TOI: 19.0 Personal Auto	SERFF Status: Closed-Filed	State Tr Num:
Sub-TOI: 19.0001 Private Passenger Auto (PPA)	Co Tr Num: AR-APV-08-12-RU	State Status:
Filing Type: Rule		Reviewer(s): Alexa Grissom
	Author: Kris Laubenthal	Disposition Date: 06/11/2012
	Date Submitted: 05/16/2012	Disposition Status: Filed
Effective Date Requested (New): 08/01/2012		Effective Date (New): 08/01/2012
Effective Date Requested (Renewal): 08/01/2012		Effective Date (Renewal):

State Filing Description:

General Information

Project Name: AR-APV-08-12-RU	Status of Filing in Domicile:
Project Number: AR-APV-087-12-RU	Domicile Status Comments:
Reference Organization: ISO	Reference Number: PP-2011-BRLA1, PP-2011-REL1 & PP-2011-IRLA1
Reference Title:	Advisory Org. Circular: LI-PA-2011-282 & 283
Filing Status Changed: 06/11/2012	
State Status Changed:	Deemer Date:
Created By: Kris Laubenthal	Submitted By: Kris Laubenthal
Corresponding Filing Tracking Number:	

Filing Description:

Pharmacists Mutual Insurance Company is a member and subscriber to ISO for its Personal Automobile Program in your state. The purpose of this filing is to adopt the most recent Loss Cost, Physical Damage Rating Factor and Liability Increased Limits Factor revisions noted above. In addition, we have updated our state Exceptions Page to reflect the revised Liability Increased Limits Factor and new edition date.

Pharmacists Mutual requests an effective date of August 1, 2012 for all new and renewal business.

State Narrative:

Company and Contact

Filing Contact Information

Kris Laubenthal, State Filings Analyst
PO Box 370
Algona, IA 50511
kris.laubenthal@phmic.com
515-295-2461 [Phone] 7322 [Ext]

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:	$50.00
Retaliatory?	No
Fee Explanation:	$50.00 for adoption of ISO loss cost revisions with no changes to loss cost multipliers previously filed
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pharmacists Mutual Insurance Company	$50.00	05/16/2012	59209511

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	06/11/2012	06/11/2012

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	05/31/2012	05/31/2012	Kris Laubenthal	06/04/2012	06/04/2012
Pending Industry Response	Alexa Grissom	05/24/2012	05/24/2012	Kris Laubenthal	05/24/2012	05/24/2012

Disposition

Disposition Date: 06/11/2012

Effective Date (New): 08/01/2012

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*PHAR-128330499*	*State:*	*Arkansas*
Filing Company:	*Pharmacists Mutual Insurance Company*	*State Tracking Number:*	
Company Tracking Number:	*AR-APV-08-12-RU*		
TOI:	*19.0 Personal Auto*	*Sub-TOI:*	*19.0001 Private Passenger Auto (PPA)*
Product Name:	*Personal Automobile*		
Project Name/Number:	*AR-APV-08-12-RU/AR-APV-087-12-RU*		

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 Filing Document for OTHER than Workers' Comp	Filed	Yes
Rate	Personal Automobile Program Manual	Filed	Yes

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/31/2012
Submitted Date	05/31/2012
Respond By Date	

Dear Kris Laubenthal,

This will acknowledge receipt of the captioned filing. Please note the Department has updated the vehicles to be used for the APCS. Please submit the updated form.

NOTICE regarding, corrections to filings and scrivener's Errors:

Effective for all filings made on or after June 1, 2011, Arkansas no longer allows the re-opening of closed filings for corrections, changes in effective dates, scrivener's errors, amendments or substantive changes. Please see the General Instructions for how these events will be handled after the effective date of the change."

Sincerely,

Alexa Grissom

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/04/2012
Submitted Date	06/04/2012

Dear Alexa Grissom,

Comments:

Response 1

Comments: The revised survey has been attached.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: APCS-Auto Premium Comparison Survey

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Kris Laubenthal

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/24/2012
Submitted Date	05/24/2012
Respond By Date	

Dear Kris Laubenthal,

This will acknowledge receipt of the captioned filing. The Rf-1 indicates insureds will receive up to a 30 percent increase. The Department requests that individual increases be limited to 20 percent. If you wish to pursue increases above 20 percent, justification must be presented and it wiill be presented to the Commissioner for a decision.

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.

NOTICE regarding, corrections to filings and scrivener's Errors:

Effective for all filings made on or after June 1, 2011, Arkansas no longer allows the re-opening of closed filings for corrections, changes in effective dates, scrivener's errors, amendments or substantive changes. Please see the General Instructions for how these events will be handled after the effective date of the change."

Sincerely,

Alexa Grissom

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/24/2012
Submitted Date	05/24/2012

Dear Alexa Grissom,

Comments:
Thank you for your correspondence.

Response 1

Comments: I have corrected the RF-1 form to show that we expect the largest increase to only be 20.1%. There was a "typo" on the form previously. I have also attached a document titled "Min Max" and have highlighted the largest and smallest expected changes for any one insured. Please note that approximately 6 of our 488 insureds that reside in territory 28, may see an increase of 20.1%, depending on their coverage selections at renewal.

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.

Sincerely,
Kris Laubenthal

Rate/Rule Schedule

Schedule Item Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Attachments
Filed 06/11/2012	Personal Automobile Program Manual	PMIC-1 through 4	Replacement	PHAR-127106545	AR APV Exception Page 08-12.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 Uninsured/Underinsured Motorist Coverages, 1.417 for all other liability coverages 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

Limit	Factor
500/500	2.34

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.

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 – premium discounts will be applied to total policy premium.

A. 3-D Discount

i) A review period of 72 months determines if the discount applies.

(1) New Business

(a) Incident Free Years will be determined by a review of all claims or accidents, including not-at-fault claims and uninsured and underinsured motorist claims, within 72 months of the effective date of the application.
(b) Do not count the most recent not-at fault claim and/or any claim less than $100.

(2) Renewal Business

(a) Incident Free Years will be determined by a review of all at-fault claims within 72 months ending prior to the processing of the renewal.
(b) If an at-fault claim is not counted at the first renewal following the claim, we reserve the right to count the incident at the subsequent renewal.

ii) A policy may not be re-written for the express purpose of obtaining or increasing the discount.

iii) A coverage lapse of 30 days or more is considered a lapse of coverage and initiates a new inception date, resulting in loss of discount.

iv) The inception date of re-written business or a new policy written from an existing policy will be the date the named insured was added on the existing policy.

v) If a new policy is written from an existing policy as a result of a divorce, the inception date of each of the new policies will be the inception date of the existing policy.

vi) Discount Determination

(1) A policy with an SDIP surcharge is not eligible for the 3-D Discount if driving record points have been added for convictions or accidents, as per ISO Personal Automobile Manual Rule 5.

(2) The policy will be eligible for the 3-D Discount if an SDIP surcharge has been applied because the principal operator of the auto has no point assigned for an accident or conviction but has been licensed less than two years, as per ISO Personal Automobile Manual Rule 5.B.1.c.(1).

(3) The inception date of the policy determines Loyalty Years.

(4) The 3-D discount shall be applied to all Private Passenger Autos and Miscellaneous Vehicles.

	LOYALTY YEARS										
Incident Free Years	0 to 2	3	4	5	6	7	8	9	10	11	12 or More
0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
2	0.0%	0.0%	0.0%	0.0%	1.0%	1.0%	1.5%	1.5%	2.0%	2.0%	2.5%
3	0.0%	0.0%	0.0%	1.5%	2.0%	2.5%	3.0%	3.5%	4.0%	4.5%	5.0%
4	5.0%	5.0%	8.0%	8.5%	9.0%	10.0%	11.0%	12.0%	13.0%	14.0%	15.0%
5	5.0%	5.0%	8.0%	8.5%	9.0%	10.0%	11.0%	12.0%	13.0%	14.0%	15.0%
6 or more	10.0%	10.0%	13.0%	13.5%	14.0%	15.0%	16.0%	17.0%	18.0%	19.0%	20.0%

B. 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.

Payment Method	Discount
Partial/EFT	0%
Full	5%

C. Insurance Score – the highest insurance score of all drivers on the policy will be used to determine this discount.

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

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	A-1 Private Passenger Auto Abstract	Filed	06/11/2012

Comments:

Attachment:

Form A-1 - Private Passenger Auto Abstract - AR APV 08-12.pdf

		Item Status:	Status Date:
Satisfied - Item:	APCS-Auto Premium Comparison Survey	Filed	06/11/2012

Comments:

Attachments:

Copy of PPA Survey FORM APCS - revised 5.2012.xlsx
Copy of PPA Survey FORM APCS - revised 5.2012.pdf

		Item Status:	Status Date:
Satisfied - Item:	NAIC loss cost data entry document	Filed	06/11/2012

Comments:

Attachments:

industry_rates_loss_cost_data_entry - AR APV 08-12 - REVISED.pdf
Min-Max AR APV 08-12.pdf

		Item Status:	Status Date:
Satisfied - Item:	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	06/11/2012

Comments:

Attachments:

Reference Filing Adoption Form - AR APV 08-12.pdf
Summary of Supporting Information Form - liability.pdf

Summary of Supporting Information Form - PD.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 (Group #0775)

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

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

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

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

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

a.	Driver over 55	10	%
b.	Good Student Discount	15	%
c.	Multi-car Discount	20	%
d.	Accident Free Discount*	0-20	%
	Please Specify Qualification for Discount: Please refer to the AR Personal Automobile Manual Exception Pages, PMIC-2 & 3, Rule 23. A, 3-D Discount		
e.	Anti-Theft Discount	15	%
f.	Other (specify) Airbag/Seatbelt	30	%
	Antilock Brakes	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
3-D Discount	0 to 20%	Please refer to our Personal Vehicle Manual, Pages PMIC-2 through 4.
Payment Method	0 to 5%	
Insurance Score	Surcharge Discount -15 to 10%	

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

Signature

Kris Laubenthal

Printed Name

Rate Analyst

Title

(515) 395-7322

Telephone Number

Kris.laubenthal@phmic.com

Email address

AID PC A-1 (1/06)

Attachment "Copy of PPA Survey FORM APCS - revised 5.2012.xlsx" is not a PDF document and cannot be reproduced here.

Private Passenger Auto Premium Comparision Survey Form

FORM APCS - last modified May 2012

NAIC Number:	13714
Company Name:	Pharmacists Mutual Insurance Company
Contact Person:	Kris Laubenthal
Telephone No.:	515-395-7322
Email Address:	kris.laubenthal@phmic.com
Effective Date:	8/1/2012

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	%

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 t insurance.pnc@arkansas.gov
You may also attach to a SERFF filing or submit on a compact disk

			Fayetteville				Trumann				Little Rock				Lake Village				Pine Bluff			
		Gender	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
Vehicle	**Coverages**	**Age**	18	18	40	66	18	18	40	66	18	18	40	66	18	18	40	66	18	18	40	66
2008 4.8L Chevrolet Silverado 1500 "LS" regular cab 119" WB	*Minimum Liability*		$1,020	$1,275	$400	$382	$1,074	$1,344	$418	$399	$1,366	$1,707	$538	$513	$853	$1,064	$342	$327	$1,265	$1,580	$503	$480
	Minimum Liability with Comprehensive and Collision		$2,183	$2,750	$802	$762	$2,343	$2,956	$857	$814	$2,748	$3,460	$1,016	$965	$2,508	$3,165	$915	$868	$2,890	$3,643	$1,066	$1,012
	100/300/50 Liability with Comprehensive and Collision		$2,495	$3,129	$953	$907	$2,681	$3,368	$1,017	$968	$3,182	$3,989	$1,221	$1,164	$2,782	$3,495	$1,053	$1,001	$3,331	$4,179	$1,273	$1,213
2009Ford Explorer 'XLT' 2WD, 4 door	*Minimum Liability*		$1,020	$1,275	$400	$382	$1,074	$1,344	$418	$399	$1,366	$1,707	$538	$513	$853	$1,064	$342	$327	$1,265	$1,580	$503	$480
	Minimum Liability with Comprehensive and Collision		$2,201	$2,775	$809	$769	$2,365	$2,982	$865	$821	$2,778	$3,499	$1,026	$975	$2,521	$3,181	$920	$873	$2,910	$3,667	$1,073	$1,018
	100/300/50 Liability with Comprehensive and Collision		$2,513	$3,154	$960	$914	$2,703	$3,394	$1,025	$975	$3,212	$4,028	$1,231	$1,174	$2,795	$3,511	$1,058	$1,006	$3,351	$4,203	$1,280	$1,219
2010 Honda Odyssey "EX"	*Minimum Liability*		$1,020	$1,275	$400	$382	$1,074	$1,344	$418	$399	$1,366	$1,707	$538	$513	$853	$1,064	$342	$327	$1,265	$1,580	$503	$480
	Minimum Liability with Comprehensive and Collision		$2,422	$3,055	$885	$840	$2,606	$3,288	$948	$899	$3,032	$3,821	$1,115	$1,058	$2,853	$3,602	$1,035	$981	$3,227	$4,071	$1,182	$1,122
	100/300/50 Liability with Comprehensive and Collision		$2,734	$3,434	$1,036	$985	$2,944	$3,700	$1,108	$1,053	$3,466	$4,350	$1,320	$1,257	$3,127	$3,932	$1,173	$1,114	$3,668	$4,607	$1,389	$1,323
2011 Toyota Camry 2.5L 4 door Sedan	*Minimum Liability*		$1,020	$1,275	$400	$382	$1,074	$1,344	$418	$399	$1,366	$1,707	$538	$513	$853	$1,064	$342	$327	$1,265	$1,580	$503	$480
	Minimum Liability with Comprehensive and Collision		$2,695	$3,401	$980	$930	$2,903	$3,666	$1,052	$997	$3,361	$4,239	$1,229	$1,166	$3,229	$4,080	$1,164	$1,104	$3,602	$4,547	$1,312	$1,244
	100/300/50 Liability with Comprehensive and Collision		$3,007	$3,780	$1,131	$1,075	$3,241	$4,078	$1,212	$1,151	$3,795	$4,768	$1,434	$1,365	$3,503	$4,410	$1,302	$1,237	$4,043	$5,083	$1,519	$1,445
2011 Cadillac Seville "CTS" AWD WAG 4 door 3.0L	*Minimum Liability*		$1,020	$1,275	$400	$382	$1,074	$1,344	$418	$399	$1,366	$1,707	$538	$513	$853	$1,064	$342	$327	$1,265	$1,580	$503	$480
	Minimum Liability with Comprehensive and Collision		$3,375	$4,263	$1,215	$1,152	$3,646	$4,609	$1,309	$1,240	$4,161	$5,254	$1,505	$1,426	$4,217	$5,334	$1,507	$1,427	$4,564	$5,768	$1,645	$1,559
	100/300/50 Liability with Comprehensive and Collision		$3,687	$4,642	$1,366	$1,297	$3,984	$5,021	$1,469	$1,394	$4,595	$5,783	$1,710	$1,625	$4,491	$5,664	$1,645	$1,560	$5,005	$6,304	$1,852	$1,760
2010 Hyundai Santa Fe SE 4X2	*Minimum Liability*		$1,020	$1,275	$400	$382	$1,074	$1,344	$418	$399	$1,366	$1,707	$538	$513	$853	$1,064	$342	$327	$1,265	$1,500	$503	$480
	Minimum Liability with Comprehensive and Collision		$2,746	$3,466	$998	$947	$2,961	$3,738	$1,071	$1,016	$3,403	$4,293	$1,244	$1,179	$3,346	$4,228	$1,205	$1,142	$3,699	$4,668	$1,345	$1,276
	100/300/50 Liability with Comprehensive and Collision		$3,058	$3,845	$1,149	$1,092	$3,299	$4,150	$1,231	$1,170	$3,837	$4,822	$1,499	$1,378	$3,620	$4,558	$1,343	$1,275	$4,140	$5,204	$1,552	$1,477

Reset Form

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

1.	This filing transmittal is part of Company Tracking #	AR-APV-08-12-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-2011-BRLA1, PP-2011-REL1 & PP-2011-IRLA1

		Company Name		Company NAIC Number
3.	**A.**	Pharmacists Mutual Insurance Company	**B.**	1371

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

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 - all other liab	7.7%	3.7%	72.8%	1.03	1.417		1.417
Personal Auto 19.1 & 19.2 Liability Coverage - UM/U	14.2%	22.8%	72.8%	1.03	1.417		1.417
Personal Auto 21.1 Physical Damage Coverage	3.7%	-4.9%	70.2%	1.18	1.679		1.679
I							
TOTAL OVERALL EFFECT	7.1%	2.6%					

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
2007	419	1.1	8/1/07	805	514	66.8	80.9
2008	409	-3.7	7/1/08	770	888	121.8	65.5
2009	386	-0.1	5/1/09	695	247	37.2	83.5
2010	372	4.2	6/1/10	677	340	60.0	85.7
2011	336	2.6	9/1/11	644	384	74.3	81.9

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. 20.1 Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 28
10. -11.9 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): 22

NOTE: this table includes LCM, loss costs (including UM/UI weighted average change), liability increased limits, deductible relativity revisions

Current LCM	1.417	UM/UI	Proposed LCM	1.417	UM/UI
	1.417	All Other Liability		1.417	All Other Liability
	1.679	Phys Dam		1.679	Phys Dam

Territory	(1) CSL & MP	(1) Insureds Affected	(2) BI/PD+Med	(2) Insureds Affected	(3) (1)+Comp	(4) (2)+Comp	(5) (3)+Coll	(5) Insureds Affected	(6) (4)+Coll	(6) Insureds Affected
21	18.4%	0	18.0%	2	4.6%	4.3%	9.8%	0	9.4%	1
22	5.9%	1	5.4%	2	-11.4%	-11.9%	-4.2%	12	-4.6%	12
23	15.3%	3	14.4%	9	-8.5%	-9.2%	7.5%	11	6.7%	62
24	6.0%	0	5.8%	48	-0.1%	-0.3%	-0.6%	15	-0.8%	169
25	11.1%	0	9.9%	2	8.6%	7.5%	6.1%	0	5.0%	0
26	9.3%	5	9.1%	7	8.3%	8.1%	6.6%	18	6.4%	53
27	6.5%	0	6.7%	10	12.1%	12.3%	4.6%	9	4.8%	14
28	10.6%	1	10.3%	1	20.1%	19.7%	6.8%	6	6.5%	15
29	4.6%	1	4.0%	15	12.7%	12.0%	5.0%	21	4.3%	56
30	0.9%	0	-0.1%	3	10.5%	9.4%	-3.0%	0	-4.1%	12
31	9.8%	1	9.1%	4	7.2%	6.6%	-2.8%	12	-3.4%	46
32	6.7%	0	6.0%	5	0.9%	0.3%	-4.8%	2	-5.4%	8
33	7.2%	4	7.6%	12	2.5%	2.8%	1.8%	18	2.1%	40
	Total	**16**		**120**				**124**		**488**

(1) Liability only policy with CSL
(2) Liability only policy with BI/PD
(3) Liability policy with CSL and Comp
(4) Liability policy with BI/PD and Comp
(5) Liability (CSL) and Physical Damage
(6) Liability (BI/PD) and Physical Damage

CHANGES APPLICABLE TO THIS FILING

LIABILITY		PHYSICAL DAMAGE	
INCLUDED	Loss cost revision	INCLUDED	Loss cost revision
2.0%	Liability increased limits revision	-0.3%	deductible relativity
3.1%	UM/UI loss cost - weighted average change		

Date: 5/3/12

Space Reserved For Insurance Department Use

INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION
PROSPECTIVE LOSS COST
REFERENCE FILING ADOPTION FORM

1. INSURER NAME Pharmacists Mutual Insurance Company

   ADDRESS PO Box 370

   Algona IA 50511

   PERSON RESPONSIBLE FOR FILING Kris Laubenthal

   TITLE Rate Analyst TELEPHONE # 515-395-7322

2. INSURER NAIC # 13714

3. LINE OF INSURANCE Personal Automobile - lines 19.0, 19.1 and 21.1

4. ADVISORY ORGANIZATION ISO

5. ADVISORY ORGANIZATION REFERENCE FILING # PP-2011-BRLA1, PP-2011-REL1 & PP-2011-IRLA1

6. the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this lien 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.

7. PROPOSED RATE LEVEL CHANGE 2.6 % EFFECTIVE DATE 8/1/12

8. PRIOR RATE LEVEL CHANGE 2.5 % EFFECTIVE DATE 9/1/11

9. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM"
   (Use a separate Summary for each insurer-selected loss cost multiplier.)

10. CHECK ONE OF THE FOLLOWING:

    ☒ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. the insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. The authorization is effective until disapproved by the Commissioner, or amended or withdrawn by the insurer.

    ☐ 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.

Insurer Name: Pharmacists Mutual Ins. Co. Date: 5/3/12
NAIC Number: 13714

INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS
SUMMARY OF SUPPORTING INFORMATION FORM

CALCULATION OF COMPANY LOSS COST MULTIPLIER

1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies:
   19.0 - Personal Automobile - Liability coverages only

2. 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.)
   +3%

   B. Loss Cost Modification Expressed as a Factor:
   (See examples below.) 1.03

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3 - 7 BELOW.

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

	Selected Provisions
A. Total Production Expense	16.0 %
B. General Expense	7.0 %
C. Taxes, Licenses & Fees	2.1 %
D. Underwriting Profit & Contingencies	5.0 %
E. Other (explain)	-2.9 invest inc %
F. TOTAL	27.2 %

4A. Expected Loss Ratio: ELR = 100% - 3F = 72.8 %

4B. ELR in decimal form = .728

5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 1.415

6. Company Selected Loss Cost Multiplier = 1.417
   Explain any differences between 5 and 6:
   We wish to continue using our previously filed and approved LCM of 1.417.

7. Rate level change for the coverages to which this page applies 8.1 %

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.

Insurer Name: Pharmacists Mutual Ins. Co. Date: 5/3/12
NAIC Number: 13714

INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS
SUMMARY OF SUPPORTING INFORMATION FORM

CALCULATION OF COMPANY LOSS COST MULTIPLIER

1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies:
   21.1 - Personal Automobile - physical damage coverages only

2. 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%

   B. Loss Cost Modification Expressed as a Factor:
   (See examples below.) 1.18

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3 - 7 BELOW.

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

	Selected Provisions
A. Total Production Expense	16.0 %
B. General Expense	7.0 %
C. Taxes, Licenses & Fees	2.1 %
D. Underwriting Profit & Contingencies	5.0 %
E. Other (explain)	-0.3 invest inc %
F. TOTAL	29.8 %

4A. Expected Loss Ratio: ELR = 100% - 3F = 70.2 %

4B. ELR in decimal form = .702

5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 1.681

6. Company Selected Loss Cost Multiplier = 1.679
   Explain any differences between 5 and 6:
   We wish to continue using our previously filed and approved LCM of 1.679

7. Rate level change for the coverages to which this page applies -4.9 %

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.

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)
05/03/2012	Supporting Document	APCS-Auto Premium Comparison Survey	06/04/2012	Premium Survey - AR APV 08-12.xlsx (Superceded) Premium Survey - AR APV 08-12.pdf (Superceded)
05/03/2012	Supporting Document	NAIC loss cost data entry document	05/24/2012	industry_rates_loss_cost_data_entry - AR APV 08-12.pdf (Superceded)

Attachment "Premium Survey - AR APV 08-12.xlsx" is not a PDF document and cannot be reproduced here.

Private Passenger Auto Premium Comparision Survey Form

FORM APCS - last modified August 2005

NAIC Number:	13714
Company Name:	Pharmacists Mutual Insurance Company
Contact Person:	Kris Laubenthal
Telephone No.:	515-395-7322
Email Address:	kris.laubenthal@phmic.com
Effective Date:	8/1/2012

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	%

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 t insurance.pnc@arkansas.gov
You may also attach to a SERFF filing or submit on a compact disk

			Fayetteville				Trumann				Little Rock				Lake Village				Pine Bluff			
		Gender	*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*
Vehicle	**Coverages**	**Age**	*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*		$1,020	$1,275	$400	$382	$1,074	$1,344	$418	$399	$1,366	$1,707	$538	$513	$853	$1,064	$342	$327	$1,265	$1,580	$503	$480
	Minimum Liability with Comprehensive and Collision		$1,820	$2,290	$676	$644	$1,949	$2,454	$721	$685	$2,306	$2,900	$863	$820	$2,019	$2,543	$746	$708	$2,399	$3,018	$895	$850
	100/300/50 Liability with Comprehensive and Collision		$2,316	$2,901	$892	$849	$2,317	$2,904	$893	$850	$2,778	$3,477	$1,082	$1,033	$2,316	$2,901	$892	$849	$2,868	$3,589	$1,112	$1,061
2003 Ford Explorer 'XLT' 2WD, 4 door	*Minimum Liability*		$1,020	$1,275	$400	$382	$1,074	$1,344	$418	$399	$1,366	$1,707	$538	$513	$853	$1,064	$342	$327	$1,265	$1,580	$503	$480
	Minimum Liability with Comprehensive and Collision		$1,883	$2,370	$699	$664	$2,017	$2,540	$744	$708	$2,387	$3,002	$891	$847	$2,095	$2,639	$772	$733	$2,479	$3,121	$923	$876
	100/300/50 Liability with Comprehensive and Collision		$2,225	$2,786	$860	$819	$2,385	$2,990	$916	$873	$2,859	$3,579	$1,110	$1,060	$2,392	$2,997	$918	$874	$2,948	$3,692	$1,140	$1,087
2003 Honda Odyssey "EX"	*Minimum Liability*		$1,020	$1,275	$400	$382	$1,074	$1,344	$418	$399	$1,366	$1,707	$538	$513	$853	$1,064	$342	$327	$1,265	$1,580	$503	$480
	Minimum Liability with Comprehensive and Collision		$1,829	$2,303	$680	$647	$1,958	$2,466	$724	$688	$2,326	$2,926	$871	$827	$2,010	$2,533	$743	$706	$2,400	$3,020	$743	$851
	100/300/50 Liability with Comprehensive and Collision		$2,141	$2,682	$831	$792	$2,296	$2,878	$884	$842	$2,760	$3,455	$1,076	$1,026	$2,284	$2,863	$881	$839	$2,841	$3,556	$1,103	$1,052
2005 Toyota Camry LE 3.0L 4 door Sedan	*Minimum Liability*		$1,020	$1,275	$400	$382	$1,074	$1,344	$418	$399	$1,366	$1,707	$538	$513	$853	$1,064	$342	$327	$1,265	$1,580	$503	$480
	Minimum Liability with Comprehensive and Collision		$2,103	$2,650	$775	$736	$2,258	$2,847	$827	$786	$2,641	$3,325	$980	$930	$2,426	$3,060	$886	$842	$2,797	$3,524	$1,033	$980
	100/300/50 Liability with Comprehensive and Collision		$2,415	$3,029	$926	$881	$2,596	$3,259	$987	$940	$3,075	$3,854	$1,185	$1,129	$2,700	$3,390	$1,024	$975	$3,238	$4,060	$1,240	$1,181
2003 Cadillac Seville "STS" 4 door Sedan	*Minimum Liability*		$1,020	$1,275	$400	$382	$1,074	$1,344	$418	$399	$1,366	$1,707	$538	$513	$853	$1,064	$342	$327	$1,265	$1,580	$503	$480
	Minimum Liability with Comprehensive and Collision		$2,204	$2,779	$810	$769	$2,369	$2,987	$866	$822	$2,747	$3,460	$1,017	$965	$2,600	$3,282	$947	$899	$2,954	$3,724	$1,087	$1,033
	100/300/50 Liability with Comprehensive and Collision		$2,516	$3,158	$961	$914	$2,707	$3,399	$1,026	$976	$3,181	$3,989	$1,222	$1,164	$3,181	$3,989	$1,222	$1,164	$3,395	$4,260	$1,294	$1,234
1998 Chevrolet Cavalier LS 4D Sedan	*Minimum Liability*		$1,020	$1,275	$400	$382	$1,074	$1,344	$418	$399	$1,366	$1,707	$538	$513	$853	$1,064	$342	$327	$1,265	$1,580	$503	$480
	Minimum Liability with Comprehensive and Collision		$1,820	$2,290	$676	$644	$1,949	$2,454	$721	$685	$2,306	$2,900	$863	$820	$2,019	$2,543	$746	$708	$2,399	$3,018	$895	$850
	100/300/50 Liability with Comprehensive and Collision		$2,132	$2,669	$827	$789	$2,287	$2,866	$881	$839	$2,740	$3,429	$1,068	$1,019	$2,293	$2,873	$884	$841	$2,840	$3,554	$1,102	$1,051

Reset Form

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

1.	This filing transmittal is part of Company Tracking #	AR-APV-08-12-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-2011-BRLA1, PP-2011-REL1 & PP-2011-IRLA1

		Company Name		Company NAIC Number
3.	**A.**	Pharmacists Mutual Insurance Company	**B.**	1371

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

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 - all other liab	7.7%	3.7%	72.8%	1.03	1.417		1.417
Personal Auto 19.1 & 19.2 Liability Coverage - UM/U	14.2%	22.8%	72.8%	1.03	1.417		1.417
Personal Auto 21.1 Physical Damage Coverage	3.7%	-4.9%	70.2%	1.18	1.679		1.679
I							
TOTAL OVERALL EFFECT	7.1%	2.6%					

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
2007	419	1.1	8/1/07	805	514	66.8	80.9
2008	409	-3.7	7/1/08	770	888	121.8	65.5
2009	386	-0.1	5/1/09	695	247	37.2	83.5
2010	372	4.2	6/1/10	677	340	60.0	85.7
2011	336	2.6	9/1/11	644	384	74.3	81.9

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. 30.1 Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 28
10. -11.9 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): 22