		Date:
Space Reserved for Insurance Department Use		Insurer Rate Filing Adoption Of Advisory Organization Prospective Loss Costs Reference Filing Adoption Form
PERSON RESPONSIBLE FOR FILING		
TITLE		TELEPHONE #
2. INSURER NAIC #		·
4. ADVISORY ORGANIZATION		
5. ADVISORY ORGANIZATION REFERENCE FILING #	ł	
6. The above insurer hereby declares that it is a member, sul The insurer hereby files to be deemed to have independently	oscriber or y submitte	service purchaser of the named advisory organization for this line of insurance as its own filing the prospective loss costs in the captioned Reference Filing.
The insurer's rates will be the combination of the prospection the attachments.	ve loss cos	its and the loss cost multipliers and, if utilized, the expense constants specified
7. PROPOSED RATE LEVEL CHANGE		
8. PRIOR RATE LEVEL CHANGE	%	EFFECTIVE DATE
9. ATTACH "SUMMARY OF SUPPORTING INFORMAT	ION FOR	M"
(Use a separate Summary for each insurer—selected los	ss cost mu	ltiplier)
10. CHECK ONE OF THE FOLLOWING:		
organization's prospective loss costs for this line of insuran loss costs and the insurer's loss cost multipliers and, if utiliz	ce. The ins ed. expens	f utilized, expense constants be applicable to future revisions of the advisory surer's rates will be the combination of the advisory organization's prospective e constants specified in the attachments. The rates will apply to policies written ve loss costs. This authorization is effective until disapproved by the Director,
$\hfill \Box$ The insurer hereby files to have its loss costs multiplier. Reference Filing.	s and, if ut	ilized, expense constants be applicable only to the above Advisory Organization
11. Attach \$50 filing fee. Section 374.230(6), RSMo.		

Exhibit A