Date:

Space reserved for Insurance Department Use

MISSISSIPPI INSURER RATE FILING ADOPTION OF RATE SERVICE ORGANIZATION PROSPECTIVE LOSS COSTS REFERENCE FILING ADOPTION FORM

1.	INSURER NAME:
	ADDRESS:
	ENTER CITY HEREStateZip
	····PERSON RESPONSIBLE FOR FILING
	TITLE 'u-O h=\V-'
2.	INSURER NAIC#
	LINE OF INSUR® NCE
4.	RATE SERVICE ORGANIZATION
5.	RATE SERVICE ORGANIZATION REFERENCE FILING #
6.	The above insurer hereby declares that it is a member, subscriber or service purchaser of the named rate service organization for this line of insurance. The insurer hereby filed 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% EFFECTIVE DATE
8.	PRIOR RATE LEVEL CHANGE% EFFECTIVE DATE
9.	ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM"

The insurer hereby files to have its loss cost multipliers and, if utilized, expense accounts be applicable to future revisions of the rate service organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the rate service 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 rate service organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or amended or withdrawn by the insurer.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 Rate Service Organization Reference Filing.

(Use a separate Summary for each insurer-selected loss cost multiplier)

10. CHECK ONE OF THE FOLLOWING: