		Exhibit A	
			Date:
Space Reserved for Insurance Department Use			Insurer Rate Filing Adoption Of Advisory Organization Prospective Loss Costs
			Reference Filing Adoption Form
1. INSURER NAME & ADDRESS			
PERSON RESPONSIBLE FOR FILING			
TITLE		TEI	EPHONE #
2. INSURER NAIC #			
3. LINE OF INSURANCE			
4. ADVISORY ORGANIZATION			
5. ADVISORY ORGANIZATION REFERENCE FILING	#		
6. The above insurer hereby declares that it is a member, so The insurer hereby files to be deemed to have independent	ıbscriber or ly submitte	service purchaser of the ned as its own filing the pro	amed advisory organization for this line of insurance spective loss costs in the captioned Reference Filing
The insurer's rates will be the combination of the prospect in the attachments.	ive loss cos	sts and the loss cost multip	pliers and, if utilized, the expense constants specified
7. PROPOSED RATE LEVEL CHANGE	%	EFFECTIVE DATE	
8. PRIOR RATE LEVEL CHANGE	%	EFFECTIVE DATE	
9. ATTACH "SUMMARY OF SUPPORTING INFORMA"	TION FOR	M"	
(Use a separate Summary for each insurer—selected le	oss cost mu	ltiplier)	
10. CHECK ONE OF THE FOLLOWING:			
The insurer hereby files to have its loss cost multiple organization's prospective loss costs for this line of insural loss costs and the insurer's loss cost multipliers and, if utilis on or after the effective date of the advisory organization or amended or withdrawn by the insurer.	nce. The in zed, expens	surer's rates will be the co e constants specified in th	mbination of the advisory organization's prospective attachments. The rates will apply to policies written
The insurer hereby files to have its loss costs multiplie Reference Filing.	rs and, if ut	ilized, expense constants b	e applicable only to the above Advisory Organization

(1/30/00) Rebecca McDowell Cook Secretary of State

11. Attach \$50 filing fee. Section 374.230(6), RSMo.