



Exhibit B

RATE DEVELOPMENT SUMMARY FORM

Date: _____

Insurer Name: _____ NAIC Number: _____

1. This form is applicable only to the following employer classification(s), as approved in the uniform classification manual:
(Please attach list)

2. Loss Cost Determination:

A. The insurer hereby declares that it used the following historical ratemaking data to determine its final rates:
(Please mark one)

- Own Experience (only)
Advisory Organization
Combination of Above

If the insured used a combination of historical rate-making data, the insurer hereby declares that the proportional weight given to such data is as follows:

- % Own Experience
% Advisory Organization

B. The insurer declares it used the following loss development factor(s) (LDF) in developing its loss costs:
(Please mark one)

- The advisory organization's loss development factors.
The insurer's own loss development factors.

If the insurer independently developed its own loss development factors, the insurer hereby declares that it used the following factors for each year of loss development:

Table with 2 columns: Policy Year/Accident Year, LDF. Includes four rows of blank lines for data entry.

C. The insurer hereby declares that it used the following trend factor, combined for MEDICAL AND INDEMNITY, to trend the historical rate-making data:

- (Please mark one)
The advisory organization's trend
The insurer's own trend

If the insurer developed its own trend, the insurer hereby declares that it used the following trend factor:

Annual Trend Factor Used _____

3. Development of Expected Loss Ratio. Please attach an exhibit detailing actual insurer expense data or other supporting information, or both. If selected and actual expense provisions differ, please explain.



	Selected	Actual
A Commission Expense	_____ %	_____ %
B. Other Acquisition Expense	_____ %	_____ %
C. General Expense	_____ %	_____ %
D. Taxes, License & Fees	_____ %	_____ %
E. Underwriting Profit (Loss) & Contingencies	_____ %	_____ %
F. Other Expenses		
(a) premium discount	_____ %	_____ %
(b) dividends	_____ %	_____ %
(c) _____	_____ %	_____ %
(d) _____	_____ %	_____ %
G. TOTAL	_____ %	_____ %
4. Rate level change for the indicated classifications _____ %		

AUTHORITY: sections 287.947 and 374.045, RSMo (Cum. Supp. 1993). * Emergency rule filed Nov. 2, 1993, effective Jan. 1, 1994, expired April 1, 1994. Original rule filed Nov. 2, 1993, effective June 6, 1994.

**Original authority 287.947, RSMo (1993) and 374.045, RSMo amended 1993.*