



**Exhibit A**  
**Independent Rate Filing Form**

Date: \_\_\_\_\_

1. Insurer Name & Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person Responsible For Filing

\_\_\_\_\_

Title \_\_\_\_\_

Telephone Number \_\_\_\_\_

2. Insurer NAIC # \_\_\_\_\_

3. Advisory Organization Reference Filing # \_\_\_\_\_

4. Proposed Rate Level Change \_\_\_\_\_ %

Proposed Premium Level Change \_\_\_\_\_ %

5. Effective Date \_\_\_\_\_

6. Attach "Rate Development Summary Form (Exhibit B)."

7. Attach TD-2 filing form and \$50.00 filing fee (section 374.230(6), RSMo).