

SERFF Tracking Number: STAT-125315005 State: Arkansas
First Filing Company: State Automobile Mutual Insurance Company, ... State Tracking Number: AR-PC-07-026365
Company Tracking Number: SAC-PPA-2007-1036
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Arkansas PPA and CFA FM
Project Name/Number: Form eff 01-01-08/SAC-PPA-2007-1036

Filing at a Glance

Companies: State Automobile Mutual Insurance Company, State Auto Property and Casualty Insurance Company
Product Name: Arkansas PPA and CFA FM SERFF Tr Num: STAT-125315005 State: Arkansas
TOI: 19.0 Personal Auto SERFF Status: Closed State Tr Num: AR-PC-07-026365
Sub-TOI: 19.0001 Private Passenger Auto Co Tr Num: SAC-PPA-2007-1036 State Status:
(PPA)
Filing Type: Form Co Status: Reviewer(s): Alexa Grissom, Betty
Montesi, Brittany Yielding
Authors: Doug Griffith, Amanda Disposition Date: 10/09/2007
Zalipski
Date Submitted: 10/08/2007 Disposition Status: Approved
Effective Date Requested (New): 01/01/2008 Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): 01/01/2008 Effective Date (Renewal):
01/01/2008

General Information

Project Name: Form eff 01-01-08 Status of Filing in Domicile:
Project Number: SAC-PPA-2007-1036 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 10/09/2007
State Status Changed: 10/08/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
The State Auto Insurance Companies submits this filing of its insurance identification card, applicable to its Private Passenger Auto insurance programs, with Tiered Auto under State Auto Property and Casualty Company, and CustomFit Auto under State Automobile Mutual Insurance, as detailed below.

We have revised the Arkansas Insurance Identification Card to comply with SB 88. The words "Excluded Driver" will appear on the front of the identification card, when the policy has an excluded driver.

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Company and Contact

Filing Contact Information

Doug Griffith, Supervisor, State Filings doug.griffith@stateauto.com
 518 E. Broad Street (614) 917-5492 [Phone]
 Columbus, OH 43215 (614) 887-1615[FAX]

Filing Company Information

State Automobile Mutual Insurance Company CoCode: 25135 State of Domicile: Ohio
 518 E. Broad Street Group Code: 175 Company Type: Property and
 Casualty

PO Box 182822
 Columbus, OH 43215 Group Name: State ID Number:
 (614) 464-5000 ext. [Phone] FEIN Number: 31-4316080

State Auto Property and Casualty Insurance CoCode: 25127 State of Domicile: Iowa
 Company Group Code: 175 Company Type: Property and
 1300 Woodland Ave Casualty

PO Box 66150
 West Des Moines, IA 50265-0150 Group Name: State ID Number:
 (614) 464-5000 ext. [Phone] FEIN Number: 57-6010814

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 per filing.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Auto Property and Casualty Insurance Company	\$50.00	10/08/2007	15996782
State Automobile Mutual Insurance Company	\$0.00	10/08/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	10/09/2007	10/09/2007

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Disposition

Disposition Date: 10/09/2007
Effective Date (New): 01/01/2008
Effective Date (Renewal): 01/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Arkansas Insurance Identification card	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Arkansas Insurance Identification card	Idfovar	0602	Other	New		0.00	Arkansas Insurance Identification Card.pdf

**KEEP THIS CARD IN YOUR VEHICLE AT ALL TIMES
AS YOU MAY BE ASKED TO PRESENT UPON DEMAND**
Most States require drivers to show proof of insurance
when stopped by a law enforcement officer.

REPORT ALL ACCIDENTS IMMEDIATELY
Claims can be reported to your State Auto agent
or our Claims Contact Center.

STATE AUTO CLAIMS CONTACT CENTER
24 hours a day, seven days a week
1-800-766-1853

Have your policy number handy when you call.

**If you have an auto glass claim, dial the
State Auto Glass Service direct at 1-888-504-4527.**

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 10/09/2007

Comments:

Attachment:

AR PPA FM Transmittal.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
State Auto Insurance Companies	175

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
State Auto Property & Casualty Insurance Company	IA	25127	57-6010814	
State Automobile Mutual Insurance Company	OH	25135	31-4316080	

5. Company Tracking Number	SAC-PPA-2007-1036
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Doug Griffith 518 E. Broad Street Columbus, OH 43215	Supervisor, State Filings	800.695.9436 (ext. 5492)	614.887.1615	doug.griffith@stateauto.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Doug Griffith		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	19.0 Personal Auto
10. Sub-Type of Insurance (Sub-TOI)	19.0001 Private Passenger Auto (PPA)
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Private Passenger Auto
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: January 01, 2008 Renewal: January 01, 2008
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	October 5, 2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	SAC-PPA-2007-1036
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

We have revised the Arkansas Insurance Identification Card comply with SB 88, and the words "Excluded Driver" will appear on the front of the identification card, when the policy has an excluded driver.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: EFT Amount: \$50.00	
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)