

SERFF Tracking Number: APST-125351178 State: Arkansas
Filing Company: AIPSO State Tracking Number: EFT \$25
Company Tracking Number: AR 07-05
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Proposed Amendments to Section 12
Project Name/Number: Proposed Amendments to Section 12/AR 07-05

Filing at a Glance

Company: AIPSO

Product Name: Proposed Amendments to Section 12 SERFF Tr Num: APST-125351178 State: Arkansas

TOI: 19.0 Personal Auto SERFF Status: Closed State Tr Num: EFT \$25

Sub-TOI: 19.0001 Private Passenger Auto (PPA) Co Tr Num: AR 07-05 State Status: Fees received

Filing Type: Rule Co Status: Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding

Author: Colin O'Rourke Disposition Date: 11/08/2007

Date Submitted: 11/07/2007 Disposition Status: Approved

Effective Date Requested (New): On Approval Effective Date (New): 02/01/2008

Effective Date Requested (Renewal): On Approval Effective Date (Renewal):

General Information

Project Name: Proposed Amendments to Section 12

Project Number: AR 07-05

Reference Organization:

Reference Title:

Filing Status Changed: 11/08/2007

State Status Changed: 11/07/2007

Corresponding Filing Tracking Number:

Filing Description:

We propose amending Section 12 to reflect the provisions of Act 127.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

Colin O'Rourke, Product Analyst

302 Central Ave.

Johnston, RI 02919

colin.o'rourke@aipso.com

(401) 946-2310 [Phone]

(401) 528-1468[FAX]

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Filing Company Information

AIPSO	CoCode: -99	State of Domicile: Rhode Island
302 Central Avenue	Group Code: 99	Company Type:
Johnston, RI 02919	Group Name:	State ID Number:
(401) 946-2310 ext. 1319[Phone]	FEIN Number: 13-2732270	

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Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AIPSO	\$25.00	11/07/2007	16523511

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	11/08/2007	11/08/2007

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Disposition

Disposition Date: 11/08/2007

Effective Date (New): 02/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes

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Rate Information

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	11/08/2007
Comments:	NA		
Attachment:	PC TD-1.pdf		
Bypassed -Name:	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Review Status: Approved	11/08/2007
Bypass Reason:	NA		
Comments:			
Bypassed -Name:	NAIC loss cost data entry document	Review Status: Approved	11/08/2007
Bypass Reason:	NA		
Comments:			
Satisfied -Name:	Cover Letter	Review Status: Approved	11/08/2007
Comments:			
Attachment:	07-05 Filing.pdf		

Property & Casualty Transmittal Document

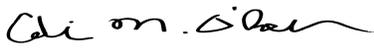
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td>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

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
AIPSO				13-2732270

5. Company Tracking Number	AR 07-05
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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
	Colin O'Rourke 302 Central Avenue Johnston, RI. 02919	Product Analyst	1-800-827-6302 x3521	401-429-1529	Colin.o'rourke@aipso.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Colin M. O'Rourke		

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

9. Type of Insurance (TOI)	Personal Automobile
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Arkansas Automobile Insurance Plan
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input checked="" type="checkbox"/> Other (Plan Section)
14. Effective Date(s) Requested	First Day Of Third Month Following Approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	NA
17. Reference Organization # & Title	NA
18. Company's Date of Filing	NA
19. Status of filing in domicile	<input checked="" 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 #	AR 07-05
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We propose amending Section 12 to reflect the provisions of Act 127.

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]
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Check #: Electronic Funds Transfer
Amount: \$25.00

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.)**

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AR 07-05
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Section 12.B.2	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	



November 7, 2007

Honorable Julie Benafield Bowman, Commissioner of Insurance
Department of Insurance
State of Arkansas
1200 W. Third Street
Little Rock, AR 72201-1904

**Arkansas Automobile Insurance Plan
Personal Auto
Proposed Amendments to Section 12. Cancellations
AIPSO Filing No. AR 07-05**

Dear Commissioner Bowman:

On behalf of the subscribers to AIPSO, i.e., all subscribers to the Arkansas Automobile Insurance Plan, we are filing the attached amendments at the request of the Governing Committee.

Proposed Effective Date

The first day of the third month following the date of your approval.

Defining the Issue

Act 127 amended Arkansas Code § 23-89-304 to require that Notice of Cancellation of a motor vehicle insurance policy be sent to all lienholders as shown on the policy.

Action Needed

We respectfully request your prompt consideration and approval of this filing.

Proposal

We propose amending Section 12 to reflect the provisions of Act 127.

Impact

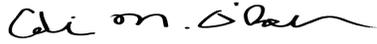
The proposal will impact the assigned companies by requiring a copy of the Notice of Cancellation to be sent to lienholders as shown on the policy.

Attachments

- Explanatory Memorandum
- Exhibit A—Proposed Amendments to Section 12. Cancellations

Please contact the undersigned at extension 3521 if you have any questions.

Sincerely,
Christopher A. Young, CPCU, CCP, Director

A handwritten signature in black ink, appearing to read "Colin M. O'Rourke". The signature is fluid and cursive, with a long horizontal flourish at the end.

Colin M. O'Rourke
Product Analyst
Manuals and Policy Forms

Attach.

pc: Ms. Suzy Sheriff, Manager—Arkansas Automobile Insurance Plan

<p style="text-align: center;">Personal Auto Proposed Amendments to Section 12. Cancellations AIPSO Filing No. AR 07-05</p>
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Background

Currently the Arkansas Automobile Insurance Plan requires a Notice of Cancellation be sent to the insured with a copy sent solely to the producer of record.

Act 127, approved effective February 21, 2007, amended Arkansas Code § 23-89-304 to provide that Notice of Cancellation of a motor vehicle insurance policy be sent to all lienholders as shown on the policy.

Proposed Changes

Section 12. Cancellations

Paragraph B.2 is amended to provide that a copy of the Notice of Cancellation be sent to all lienholders on the policy.

ARKANSAS AUTOMOBILE INSURANCE PLAN
(Struck-out matter—deleted; Underlined matter—new)

EXHIBIT A
Page 1 of 1

Sec. 12. CANCELLATIONS

The first and second paragraphs of B.2 are amended as follows.

B. Cancellation by Company

2. Each such cancellation, except for insureds cancelled in accordance with Section 12.B.1.h, shall be on a pro rata basis, subject to the minimum policy premium prescribed in the Automobile Insurance Plan Manual, and a copy of each such cancellation notice shall be furnished to the producer of record and all lienholders on the policy. A statement of facts in support of each such cancellation shall be furnished to the producer of record and to the insured.

In the event of cancellation under the provisions of Section 12.B.1.h, all premium paid to the Plan or assigned company shall be presumed to be fully earned at the time of such noncompliance with Section 12.B.1.h. A copy of such cancellation notice shall be furnished to the producer of record and all lienholders on the policy. A statement of fact in support of such cancellation shall be furnished to the producer of record, the insured, the Plan, and the Commissioner of Insurance, state of Arkansas, 20 days prior to the effective date of cancellation.