

SERFF Tracking Number: CLBA-125341299 State: Arkansas  
Filing Company: Columbia Mutual Insurance Compny State Tracking Number: AR-PC-07-026629  
Company Tracking Number: CMI-FMP-07-F01  
TOI: 03.0 Personal Farmowners Sub-TOI: 03.0000 Personal Farmowners  
Product Name: Farmowners  
Project Name/Number: Farmowners Policy Declarations/CMI-FMP-07-F01

## Filing at a Glance

Company: Columbia Mutual Insurance Compny

Product Name: Farmowners SERFF Tr Num: CLBA-125341299 State: Arkansas  
TOI: 03.0 Personal Farmowners SERFF Status: Closed State Tr Num: AR-PC-07-026629  
Sub-TOI: 03.0000 Personal Farmowners Co Tr Num: CMI-FMP-07-F01 State Status:  
Filing Type: Form Co Status: Reviewer(s): Becky Harrington,  
Betty Montesi, Brittany Yielding  
Authors: Dennis McVay, Christina Disposition Date: 11/02/2007  
Walker, DeeDee Williams  
Date Submitted: 11/01/2007 Disposition Status: Approved  
Effective Date Requested (New): 03/01/2008 Effective Date (New): 03/01/2008  
Effective Date Requested (Renewal): 03/01/2008 Effective Date (Renewal):  
03/01/2008

## General Information

Project Name: Farmowners Policy Declarations Status of Filing in Domicile: Pending  
Project Number: CMI-FMP-07-F01 Domicile Status Comments:  
Reference Organization: N/A Reference Number: N/A  
Reference Title: N/A Advisory Org. Circular: N/A  
Filing Status Changed: 11/02/2007  
State Status Changed: 11/01/2007 Deemer Date:  
Corresponding Filing Tracking Number:

Filing Description:

We are filing revised company form FOD-100 (3-08) Farmowners Policy Declarations, which we propose to use in our Farmowners Policy Program. This form replaces previously filed and approved form FOD-100 (1-07). Please note that we have added a new discount section for Cross Credits. This addition has been highlighted for your convenience.

Please review and advise if any further action is needed.

## Company and Contact

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**Filing Contact Information**

DeeDee Williams, Asst. Analyst dwilliams@colinsgrp.com  
 2102 White Gate Drive (573) 474-6193 [Phone]  
 Columbia, MO 65205 (800) 836-5713[FAX]

**Filing Company Information**

Columbia Mutual Insurance Compny CoCode: 40371 State of Domicile: Missouri  
 2102 White Gate Drive Group Code: 807 Company Type: Mutual  
 P O Box 618  
 Columbia, MO 65205 Group Name: Columbia Insurance State ID Number: 03  
 Group  
 (573) 474-6193 ext. [Phone] FEIN Number: 43-0790393  
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**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Columbia Mutual Insurance Compny	\$50.00	11/01/2007	16422700

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	11/02/2007	11/02/2007

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## **Disposition**

Disposition Date: 11/02/2007

Effective Date (New): 03/01/2008

Effective Date (Renewal): 03/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form</b>	Farmowners Policy Declarations	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Farmowners Policy Declarations	FOD-100	3-08	Declaration Replaced s/Schedule	Replaced Form #:0.00 FOD-100 (1-07) Previous Filing #: CMI-FMP-06-F01		FOD-100 (3-08).pdf











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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:** Approved 11/02/2007

**Comments:**

**Attachment:**

Transmittal Document.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

<b>5. Company Tracking Number</b>	
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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

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
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)	
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 type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: <input type="text"/> Renewal: <input type="text"/>
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	
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 #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

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 #:  
Amount:

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.)

PC TD-1 pg 2 of 2

## FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)  
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1