

SERFF Tracking Number: SEPX-125359914 State: Arkansas
First Filing Company: Sentry Insurance a Mutual Company, ... State Tracking Number: EFT \$50
Company Tracking Number: CA AR07697CGF01
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: 2007 C/L Auto/CA AR07697CGF01

Filing at a Glance

Companies: Sentry Insurance a Mutual Company, Middlesex Insurance Company

Product Name: Commercial Auto SERFF Tr Num: SEPX-125359914 State: Arkansas
TOI: 20.0 Commercial Auto SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 20.0001 Business Auto Co Tr Num: CA AR07697CGF01 State Status: Fees received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding
Author: SPI SentryInsurancePC Disposition Date: 11/19/2007
Date Submitted: 11/14/2007 Disposition Status: Approved
Effective Date Requested (New): 12/01/2007 Effective Date (New): 12/01/2007
Effective Date Requested (Renewal): 12/01/2007 Effective Date (Renewal):
12/01/2007

General Information

Project Name: 2007 C/L Auto
Project Number: CA AR07697CGF01
Reference Organization:
Reference Title:
Filing Status Changed: 11/19/2007
State Status Changed: 11/15/2007
Corresponding Filing Tracking Number:
Filing Description:

Status of Filing in Domicile:
Domicile Status Comments:
Reference Number:
Advisory Org. Circular:
Deemer Date:

Please find enclosed a revised 40-191 12 07 Arkansas Uninsured and Underinsured Motorists Coverage selection form with an editorial change. The definition of an underinsured motorist inadvertently did not include the phrase "caused by a motorist". The forms have also been updated to remove references of the Trucker policy since the forms are not used with the Trucker policy.

The revised form replaces the 06 07 edition of the 40-191.

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Company and Contact

Filing Contact Information

Earl Lais, Compliance/Development Sr. Analyst earl.lais@sentry.com
 1800 North Point Drive (715) 346-7898 [Phone]
 Stevens Point, WI 54481 (715) 346-6044[FAX]

Filing Company Information

Sentry Insurance a Mutual Company	CoCode: 24988	State of Domicile: Wisconsin
1800 North Point Drive	Group Code: 169	Company Type:
Stevens Point, WI 54481	Group Name: Sentry Insurance Group	State ID Number:
(715) 346-6000 ext. [Phone]	FEIN Number: 39-0333950	

Middlesex Insurance Company	CoCode: 23434	State of Domicile: Wisconsin
1800 North Point Drive	Group Code: 169	Company Type:
Stevens Point, WI 54481	Group Name: Sentry Insurance Group	State ID Number:
(715) 346-6000 ext. [Phone]	FEIN Number: 04-1619070	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 per submission for a company form filing.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sentry Insurance a Mutual Company	\$50.00	11/14/2007	16649340

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/19/2007	11/19/2007

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Disposition

Disposition Date: 11/19/2007
Effective Date (New): 12/01/2007
Effective Date (Renewal): 12/01/2007
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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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	AR UM & UIM Selection Form	40-191	12 07	Election/Re Replaced jection/Sup plemental Application s	Replaced Form #:0.00 40-191 Previous Filing #:		40-191.PDF

**ARKANSAS
UNINSURED AND UNDERINSURED MOTORISTS COVERAGE
SELECTION FORM**

Uninsured Motorists Coverage – Bodily Injury – covers the named insured and occupants of a covered auto for bodily injury caused by a negligent motorist who has no insurance.

Underinsured Motorists Coverage – Bodily Injury – covers the named insured and occupants of a covered auto for bodily injury caused by a motorist whose liability limits for bodily injury are not enough to pay the full amount an insured is legally entitled to recover as damages.

Uninsured Motorists Coverage – Property Damage provides coverage for loss or damage to an insured motor vehicle resulting from collision caused by an uninsured motor vehicle. Uninsured Motorists Coverage – Property Damage Coverage is optional and is generally subject to a \$200 deductible.

Family members of the named insured are also covered if the named insured is an individual.

UNINSURED MOTORISTS COVERAGE – BODILY INJURY

Please initial the line next to the option you select.

_____ I reject Uninsured Motorists Coverage – Bodily Injury entirely.

_____ I reject Uninsured Motorists Coverage with a coverage limit equal to the bodily injury liability limit of my Business Auto or Garage policy but select a lower limit of:

_____ \$50,000 Combined Single Limit (Minimum)

_____ Other – Specify Limit \$ _____

_____ I select Uninsured Motorists Coverage with a limit equal to the bodily injury liability limit of my Business Auto or Garage policy.

Uninsured Motorists Coverage limits may not exceed the bodily injury liability limits on your Business Auto or Garage Policy.

UNDERINSURED MOTORISTS COVERAGE – BODILY INJURY

Please initial the line next to the option you select.

_____ I reject Underinsured Motorists Coverage – Bodily Injury entirely.

_____ I select Underinsured Motorists Coverage – Bodily Injury coverage with the same limit selected for Uninsured Motorists Coverage – Bodily Injury.

This coverage is not available if Uninsured Motorists – Bodily Injury Coverage has been rejected.

Continued on next page.

UNINSURED MOTORISTS COVERAGE - PROPERTY DAMAGE

Please initial the line next to the option you select.

_____ I reject Uninsured Motorists – Property Damage Coverage entirely.

_____ I select Uninsured Motorists Property Damage Coverage with the following limit:

_____ \$25,000 Combined Single Limit

_____ \$50,000 Combined Single Limit

_____ \$100,000 Combined Single Limit

_____ Other – Specify Limit \$_____. Coverage is available up to the Bodily Injury
Liability Limit.

This coverage is not available if Uninsured Motorists – Bodily Injury Coverage has been rejected.

THIS SELECTION FORM DOES NOT PROVIDE COVERAGE. READ THE POLICY FOR DETAILS.

I understand this selection of coverage will apply to all subsequent renewals, reinstatements, and replacement policies until a change is requested by me in writing.

FIRST NAMED INSURED POLICY NUMBER

SIGNATURE OF FIRST NAMED INSURED DATE

<i>SERFF Tracking Number:</i>	<i>SEPX-125359914</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Sentry Insurance a Mutual Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CA AR07697CGF01</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>2007 C/L Auto/CA AR07697CGF01</i>		

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

11/19/2007

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

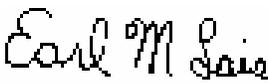
Property & Casualty Transmittal Document

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: 50%; 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 #			
	Sentry Insurance Group	169			
4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Sentry Insurance a Mutual Company	WI	24988	39-0333950	
	Middlesex Insurance Company	WI	23434	04-1619070	

5. Company Tracking Number	CA AR07697CGF01
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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
	Earl Lais 1800 North Point Drive Stevens Point WI 54481	Compliance/Development Sr. Analyst	715-346-7898	715-346-6044	earl.lais@sentry.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Earl Lais		

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

9.	Type of Insurance (TOI)	20.0 Commercial Auto
10.	Sub-Type of Insurance (Sub-TOI)	20.0001 Business Auto
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 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: 12-1-07 Renewal: 12-1-07
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	
18.	Company's Date of Filing	11/14/07
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 #	CA AR07697CGF01
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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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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]			
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Check #:</td> <td>N/A - EFT</td> </tr> <tr> <td>Amount:</td> <td>\$50.00</td> </tr> </table> <p style="text-align: center; margin-top: 20px;">Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	Check #:	N/A - EFT	Amount:	\$50.00
Check #:	N/A - EFT			
Amount:	\$50.00			

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