

SERFF Tracking Number: SHEL-125356466 State: Arkansas
First Filing Company: Shelter Mutual Insurance Company, ... State Tracking Number: #? \$100
Company Tracking Number: 03MG02107
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: PPA
Project Name/Number: Aufranc/

Filing at a Glance

Companies: Shelter Mutual Insurance Company, Shelter General Insurance Company

Product Name: PPA SERFF Tr Num: SHEL-125356466 State: Arkansas
TOI: 19.0 Personal Auto SERFF Status: Closed State Tr Num: #? \$100
Sub-TOI: 19.0001 Private Passenger Auto Co Tr Num: 03MG02107 State Status:
(PPA)
Filing Type: Form Co Status: Reviewer(s): Alexa Grissom, Betty
Montesi, Brittany Yielding
Authors: Brian Marcks, Sue Disposition Date: 11/15/2007
Burlingame
Date Submitted: 11/14/2007 Disposition Status: Approved
Effective Date Requested (New): 04/06/2008 Effective Date (New): 04/06/2008
Effective Date Requested (Renewal): 04/06/2008 Effective Date (Renewal):

General Information

Project Name: Aufranc Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 11/15/2007
State Status Changed: 11/14/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Editorial revisions have been made to this endorsement to coincide with revisions recently filed and approved in Form A-676.1-A, Arkansas Amendatory Endorsement.

Company and Contact

Filing Contact Information

Brian Marcks, Coordinator of Insurance BCMarcks@shelterinsurance.com
Department Affairs

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1817 West Broadway (573) 214-4165 [Phone]
Columbia, MO 65218 (573) 446-7317[FAX]

Filing Company Information

Shelter Mutual Insurance Company CoCode: 23388 State of Domicile: Missouri
1817 West Broadway Group Code: Company Type:
Columbia, MO 65218 Group Name: State ID Number:
(573) 445-8441 ext. [Phone] FEIN Number: 43-0613000

Shelter General Insurance Company CoCode: 23361 State of Domicile: Missouri
1817 West Broadway Group Code: Company Type:
Columbia, MO 65218 Group Name: State ID Number:
(573) 445-8441 ext. [Phone] FEIN Number: 43-6031499

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Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Shelter General Insurance Company	\$0.00	11/14/2007	
Shelter Mutual Insurance Company	\$0.00	11/14/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
1355685	\$50.00	11/08/2007
1011141	\$50.00	11/08/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	11/15/2007	11/15/2007

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TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: PPA
Project Name/Number: Aufranc/

Disposition

Disposition Date: 11/15/2007
Effective Date (New): 04/06/2008
Effective Date (Renewal):
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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 Product Name: PPA
 Project Name/Number: Aufranc/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Collision and Comprehensive Maximum Limit Endorsement	Approved	Yes

SERFF Tracking Number: SHEL-125356466 State: Arkansas
 First Filing Company: Shelter Mutual Insurance Company, ... State Tracking Number: #? \$100
 Company Tracking Number: 03MG02107
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: PPA
 Project Name/Number: Aufranc/

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Collision and Comprehensive Maximum Limit Endorsement	A-549.4-A		Endorsement/Amendment/Conditions Replaced	Replaced Form #:40.70 A-549.2-A Previous Filing #:		A549-4A.pdf

COLLISION AND COMPREHENSIVE MAXIMUM LIMIT ENDORSEMENT

Under Part V — **AUTO PHYSICAL DAMAGE COVERAGES**, the following change is made in order to increase the amount of coverage for paint and equipment added to the **described auto** after the time of its **original sale**:

The limit of **our** liability under the section headed "LIMITED COVERAGE FOR ADDED PAINT AND EQUIPMENT UNDER COVERAGES F & G", is amended by deleting the following language:

"The maximum **we** will pay for any one **accident** under this provision is \$5,000 regardless of the number of such items of equipment damaged or stolen."

Our maximum liability under COVERAGE F — COLLISION and COVERAGE G — COMPREHENSIVE is the amount stated in the schedule below for the code number shown in the **Declarations**. **We** will pay the **direct loss** as set out in the policy or the limit of insurance stated below, whichever is less.

SCHEDULE

COST NUMBER	LIMIT OF INSURANCE (Direct loss, not to exceed)	COST NUMBER	LIMIT OF INSURANCE (Direct loss, not to exceed)
1	\$ 1,000	36	\$36,000
2	\$ 2,000	37	\$37,000
3	\$ 3,000	38	\$38,000
4	\$ 4,000	39	\$39,000
5	\$ 5,000	40	\$40,000
6	\$ 6,000	41	\$41,000
7	\$ 7,000	42	\$42,000
8	\$ 8,000	43	\$43,000
9	\$ 9,000	44	\$44,000
10	\$10,000	45	\$45,000
11	\$11,000	46	\$46,000
12	\$12,000	47	\$47,000
13	\$13,000	48	\$48,000
14	\$14,000	49	\$49,000
15	\$15,000	50	\$50,000
16	\$16,000	51	\$51,000
17	\$17,000	52	\$52,000
18	\$18,000	53	\$53,000
19	\$19,000	54	\$54,000
20	\$20,000	55	\$55,000
21	\$21,000	56	\$56,000
22	\$22,000	57	\$57,000
23	\$23,000	58	\$58,000
24	\$24,000	59	\$59,000
25	\$25,000	60	\$60,000
26	\$26,000	61	\$61,000

SCHEDULE (Continued)

COST NUMBER	LIMIT OF INSURANCE (Direct loss, not to exceed)	COST NUMBER	LIMIT OF INSURANCE (Direct loss, not to exceed)
27	\$27,000	62	\$62,000
28	\$28,000	63	\$63,000
29	\$29,000	64	\$64,000
30	\$30,000	65	\$65,000
31	\$31,000	66	\$66,000
32	\$32,000	67	\$67,000
33	\$33,000	68	\$68,000
34	\$34,000	69	\$69,000
35	\$35,000	70	\$70,000
71	\$71,000	86	\$86,000
72	\$72,000	87	\$87,000
73	\$73,000	88	\$88,000
74	\$74,000	89	\$89,000
75	\$75,000	90	\$90,000
76	\$76,000	91	\$91,000
77	\$77,000	92	\$92,000
78	\$78,000	93	\$93,000
79	\$79,000	94	\$94,000
80	\$80,000	95	\$95,000
81	\$81,000	96	\$96,000
82	\$82,000	97	\$97,000
83	\$83,000	98	\$98,000
84	\$84,000	99	\$ _____
85	\$85,000		

A-549.4-A

SERFF Tracking Number: *SHEL-125356466* *State:* *Arkansas*
First Filing Company: *Shelter Mutual Insurance Company, ...* *State Tracking Number:* *#? \$100*
Company Tracking Number: *03MG02107*
TOI: *19.0 Personal Auto* *Sub-TOI:* *19.0001 Private Passenger Auto (PPA)*
Product Name: *PPA*
Project Name/Number: *Aufranc/*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: SHEL-125356466 State: Arkansas
First Filing Company: Shelter Mutual Insurance Company, ... State Tracking Number: #? \$100
Company Tracking Number: 03MG02107
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: PPA
Project Name/Number: Aufranc/

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 11/15/2007

Comments:

Please see attachments.

Attachments:

ARPCTD-1 A-549.4-A.pdf

ARFFS-1 A-549.4-A.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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></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 #
Shelter Insurance Companies	123

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Shelter Mutual Insurance Company	MO	23388	43-0613000	
Shelter General Insurance Company	MO	23361	43-6031499	

5. Company Tracking Number	03MG02107
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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
	Brian Marcks	Coordinator of Insurance Dept. Affairs	573-214-4165	573-446-7317	BCMarcks@Shelterinsurance.com
	1817 West Broadway Columbia, MO 65218				
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Brian Marcks		

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
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: 04-06-2008 Renewal: 04-06-2008

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	November 14, 2007
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	03MG02107
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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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Editorial revisions have been made to this endorsement to coincide with revisions recently filed and approved in Form A-676.1-A, Arkansas Amendatory Endorsement.

22.	<p>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]</p> <p>Check #: 1355685 and 1011141 Amount: \$100</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>
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*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

These pages are informational only and do not need to be submitted with your filings!

Notes for Uniform Property & Casualty Transmittal Document

DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
 - a. Date the filing is received by the Insurance Dept.**
 - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
 - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
 - d. Date of Disposition of the filing**—date filing is finished
 - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
 - f. State Filing #:** The number the state assigns to the filing (if applicable).
 - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
 - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix). This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

14. Effective Date Requested: This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

15. Reference Filing: Yes/No

16. Reference Organization (if applicable): The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

17. Reference Organization Number & Title (if applicable): This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

18. Company’s Date of filing: The date the company sends the filing.

19. Status of filing in domicile: Place for the company to show if filing has been filed in domicile and its status.

20. This filing transmittal is part of Company Tracking #: This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

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: Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.

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.)

1.	This filing transmittal is part of Company Tracking #	03MG02107			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/A			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Collision and Comprehensive Maximum Limit Endorsement	A-549.4-A	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	A-549.2-A	
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		

Effective March 1, 2007

This page is informational only and do not need to be submitted with your filings!

**Notes for Form Filing Transmittal
DESCRIPTION OF ITEMS IN THE FORM FILING SCHEDULE**

FORM FILING SCHEDULE

- 1. This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state
- 2. This filing corresponds to rate/rule filing number:** Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one.
- 3. Exhibit/Form Name/Description/Synopsis:** This is a list of forms being filed. **Do not refer to the body of the filing for a separate forms listing, unless allowed by state. This is required information and is required here.** The line numbers below this are to help the Departments that track the number of forms they receive.