

SERFF Tracking Number: STNA-125366208 State: Arkansas
Filing Company: State National Insurance Company Inc. State Tracking Number: #101471 \$50
Company Tracking Number: SNIC-GL-CIMI-AR-07-06-F
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
Product Name: SNIC-GL-CIMI-AR-07-06-F
Project Name/Number: SNIC-GL-CIMI-AR-07-06-F/SNIC-GL-CIMI-AR-07-06-F

Filing at a Glance

Company: State National Insurance Company Inc.

Product Name: SNIC-GL-CIMI-AR-07-06-F SERFF Tr Num: STNA-125366208 State: Arkansas
TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: #101471 \$50
Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: SNIC-GL-CIMI-AR-07-06-F State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Author: Ines Piquet Disposition Date: 11/29/2007
Date Submitted: 11/27/2007 Disposition Status: Approved
Effective Date Requested (New): 12/01/2007 Effective Date (New):
Effective Date Requested (Renewal): 12/01/2007 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: SNIC-GL-CIMI-AR-07-06-F Status of Filing in Domicile: Pending
Project Number: SNIC-GL-CIMI-AR-07-06-F Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 11/29/2007
State Status Changed: 11/29/2007 Deemer Date:
Corresponding Filing Tracking Number:

Filing Description:

On behalf of State National Insurance Company (the "Company"), we are filing two new forms that shall be applicable to the General Liability CIMI Specialized Business Program in your jurisdiction.

The enclosed forms list provides further details regarding the details of these endorsements. These forms either broaden or clarify coverage and have no bearing on the premium charged to policyholders. No other changes are being proposed with this filing.

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Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the forms contained in this filing along with the explanatory memorandum. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company. We will submit the Company's response to your attention as soon as we receive it.

We respectfully request this filing to be effective December 1, 2007 for new business and December 1, 2007 for renewal business.

Please do not hesitate to contact us with any questions or comments.

Company and Contact

Filing Contact Information

Ines Piquet, Regulatory Compliance Mgr (P&K) doi@perrknight.com
 881 Alma Real Drive, Suite 205 (310) 230-9339 [Phone]
 Pacific Palisades, CA 90272 (310) 230-8529[FAX]

Filing Company Information

State National Insurance Company Inc.	CoCode: 12831	State of Domicile: Texas
8200 Anderson Boulevard	Group Code: 93	Company Type: Property & Casualty
Fort Worth, TX 76120	Group Name:	State ID Number:
(800) 877-4567 ext. [Phone]	FEIN Number: 75-1980552	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	AR filing fee is \$50 for Form submissions.
Per Company:	No

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CHECK NUMBER	CHECK AMOUNT	CHECK DATE
101471	\$50.00	11/21/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	11/29/2007	11/29/2007

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Project Name/Number: SNIC-GL-CIMI-AR-07-06-F/SNIC-GL-CIMI-AR-07-06-F

Disposition

Disposition Date: 11/29/2007

Effective Date (New):

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	Filing Memorandum, Forms List, Letter of Authorization	Approved	Yes
Form	Forms List	Approved	Yes
Form	Payment Schedule	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Forms List	SNFORM LIST	08 07	Other	New		0.00	SNFORMLIS T 8 07.pdf
Approved	Payment Schedule	SNPAYSC HED	08 07	Declaration s/Schedule	New		0.00	SNPAYSCH ED 8-07.pdf

FORMS LIST

We agree with you that the following Endorsements and/or Forms are added to and form a part of this policy:

<u>FORM</u>	<u>EDITION</u>	<u>DESCRIPTION</u>
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PAYMENT SCHEDULE

WE AGREE WITH YOU THAT THE TOTAL ESTIMATED ANNUAL PREMIUM OF
\$ IS PAYABLE AS FOLLOWS:

PAYMENT PLAN:	<u>PAYMENT DUE</u>	<u>AMOUNT</u>
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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 11/29/2007

Comments:

Attachments:

2007 NAIC FFS.pdf
2007 NAIC PCTD.pdf

Satisfied -Name: Filing Memorandum, Forms List,
Letter of Authorization **Review Status:** Approved 11/29/2007

Comments:

Attachments:

GL Actuarial Memo.pdf
GL forms list.pdf
AR LOA.pdf

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 #	SNIC-GL-CIMI-AR-07-06-F			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	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	Forms List	SNFORMLIST 8 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Payment Schedule	SNPAYSCHEM 8 07	<input checked="" 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		

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:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

3. Group Name	Group NAIC #
State National Group	093

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
State National Insurance Company	TX	12831	75-1980552	

5. Company Tracking Number	SNIC-GL-CIMI-AR-07-06-F
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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
	Olga E. Burciaga 881 Alma Real Drive, Suite 205 Pacific Palisades, CA 90272	Filing Analyst	888.201.5123 x 163	310.230.8529	doi@perrknight.com
	7. Signature of authorized filer		<i>Olga E. Burciaga</i>		
	8. Please print name of authorized filer		Olga E. Burciaga		

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

9. Type of Insurance (TOI)	17.2 Other Liability
10. Sub-Type of Insurance (Sub-TOI)	17.2001 Commercial General Liability
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	CIMI Specialized Business Program
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: December 1, 2007 Renewal: December 1, 2007
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 26, 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

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	SNIC-GL-CIMI-AR-07-06-F
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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]

On behalf of State National Insurance Company (the "Company"), we are filing two new forms that shall be applicable to the General Liability CIMI Specialized Business Program in your jurisdiction.

The enclosed forms list provides further details regarding the details of these endorsements. These forms either broaden or clarify coverage and have no bearing on the premium charged to policyholders. No other changes are being proposed with this filing.

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 #: 101471
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.)**

**STATE NATIONAL INSURANCE COMPANY
GENERAL LIABILITY**

CIMI SPECIALIZED BUSINESS PROGRAM

FILING MEMORANDUM – FORMS

On behalf of State National Insurance Company (“the Company”), we are filing new endorsements applicable to our General Liability CIMI Specialized Business Program in your jurisdiction. The enclosed forms list provides further details regarding the details of these endorsements. These forms either broaden or clarify coverage and have no bearing on the premium charged to policyholders. No other changes are being proposed with this filing.

State National CIMI Program Revisions

General Liability

FORM NO.	TITLE	DESCRIPTION	R - RESTRICTS B - BROADENS C - CLARIFIES
SNFORMLIST 8 07	Forms List	New form to list all applicable forms contained in the policy	C
SNPAYSCHEM 8 07	Payment Schedule	New Optional form for listing payment schedule, if applicable	C



November 15, 2007

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

**Re: Letter of Filing Authorization
State National Insurance Company, Inc.
Commercial General Liability
Form Filing**

Dear Ladies/Gentlemen:

This letter will certify that Perr & Knight has been given full authorization to submit the captioned filing on behalf of State National Insurance Company, Inc. This authorization extends to all correspondence regarding this particular filing only. It does not apply to any subsequent filings made after the approval of the referenced filing.

Please direct all correspondence in relation to this filing directly to Perr & Knight, 881 Alma Real Drive, Suite 205, Pacific Palisades, CA. 90272. Should you have any questions concerning this filing, please contact Perr & Knight at (888) 201-5123.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "David M. Cleff", with a stylized flourish at the end.

David M. Cleff
Senior Vice President and General Counsel

Cc: File (National American)