

SERFF Tracking Number: TRGR-125359741 State: Arkansas
Filing Company: Republic Underwriters Insurance Company State Tracking Number: #7789021 \$50
Company Tracking Number: 07-190
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: Standard Homeowners
Project Name/Number: Adoption of HO 2000 Forms and Endorsements/07-190

Filing at a Glance

Company: Republic Underwriters Insurance Company

Product Name: Standard Homeowners	SERFF Tr Num: TRGR-125359741	State: Arkansas
TOI: 04.0 Homeowners	SERFF Status: Closed	State Tr Num: #7789021 \$50
Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations	Co Tr Num: 07-190	State Status: Fees verified and received
Filing Type: Form	Co Status: Submitted	Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding
	Author: William Bradford	Disposition Date: 11/30/2007
	Date Submitted: 11/19/2007	Disposition Status: Approved
Effective Date Requested (New): 02/01/2008		Effective Date (New): 02/01/2008
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal):

State Filing Description:

Initial filing to enter the market.

General Information

Project Name: Adoption of HO 2000 Forms and Endorsements
Project Number: 07-190
Reference Organization: ISO

Reference Title: Special provisions endorsement; HO 2000 program forms and endorsements

Filing Status Changed: 11/30/2007

State Status Changed: 11/28/2007

Corresponding Filing Tracking Number:

Filing Description:

We are preparing to enter Arkansas for personal property. We are filing to adopt the current ISO forms and endorsements. Company specific endorsements, rules, and rates will follow by the middle of December.

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number: HO-2006-OSPE1; H-2000-000FR

Advisory Org. Circular: LI-HO-2006-220; LI-HO-2000-255

Deemer Date:

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Company and Contact

Filing Contact Information

William Bradford, Senior Products Filing bill.bradford@republicgroup.com
 Specialist
 5525 LBJ Freeway (972) 788-6617 [Phone]
 Dallas, TX 75240 (972) 788-6609[FAX]

Filing Company Information

Republic Underwriters Insurance Company CoCode: 24538 State of Domicile: Texas
 5525 LBJ Freeway Group Code: 3489 Company Type:
 Dallas, TX 75240-6241 Group Name: The Republic Group State ID Number:
 (972) 788-6001 ext. [Phone] FEIN Number: 75-1221537

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 company X \$50 = \$50
 Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0007789021	\$50.00	11/19/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	11/30/2007	11/30/2007

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Becky Harrington	11/27/2007	11/27/2007	William Bradford	11/30/2007	11/30/2007

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Disposition

Disposition Date: 11/30/2007

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
Form	See attached list	Approved	Yes
Form	Declarations Page	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 11/27/2007

Submitted Date 11/27/2007

Respond By Date

Dear William Bradford,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Please file your declaration page for review.

Please feel free to contact me if you have questions.

Sincerely,

Becky Harrington

Response Letter

Response Letter Status Submitted to State

Response Letter Date 11/30/2007

Submitted Date 11/30/2007

Dear Becky Harrington,

Comments:

Response 1

Comments: Ms. Harrington:

I have attached a sample declarations page. Please let me know if you need any additional information.

Related Objection 1

Comment:

Please file your declaration page for review.

Changed Items:

SERFF Tracking Number: TRGR-125359741 *State:* Arkansas
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No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Declarations Page	H-DEC	11/99	Declarations/Schedule	New		0	HO DEC.pdf

No Rate/Rule Schedule items changed.

Sincerely,
William Bradford

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	See attached list	See attached list	see attached	Policy/Coverage Form		0.00	Arkansas Forms and Endorsements Listing - ISO.pdf
Approved	Declarations Page	H-DEC	11/99	Declaration New s/Schedule		0.00	HO DEC.pdf

HO 00 02 10 00 Homeowners 2 - Broad Form
 HO 00 03 10 00 Homeowners 3 - Special Form
 HO 00 04 10 00 Homeowners 4 - Contents Broad Form
 HO 00 05 10 00 Homeowners 5 - Comprehensive Form
 HO 00 06 10 00 Homeowners 6 - Unit-Owners Form
 HO 00 08 10 00 Homeowners 8 - Modified Coverage Form
 HO 01 03 02 07 Special Provisions - Arkansas
 HO 03 12 10 00 Windstorm Or Hail Percentage Deductible
 HO 04 10 10 00 Additional Interests - Residence Premises
 HO 04 12 10 00 Increased Limits On Business Property
 HO 04 14 10 00 Special Computer Coverage
 HO 04 16 10 00 Premises Alarm Or Fire Protection System
 HO 04 18 10 00 Deferred Premium Payment
 HO 04 30 10 00 Theft Coverage Increase
 HO 04 35 10 00 Loss Assessment Coverage
 HO 04 36 10 00 Loss Assessment Coverage For Earthquake
 HO 04 40 10 00 Structures Rented To Others - Residence Premises
 HO 04 41 10 00 Additional Insured - Residence Premises
 HO 04 42 10 00 Permitted Incidental Occupancies - Residence Premises
 HO 04 43 10 00 Replacement Cost Loss Settlement For Certain Non-Building Structures On The Residence Premises
 HO 04 46 10 00 Inflation Guard
 HO 04 48 10 00 Other Structures On The Residence Premises - Increased Limits
 HO 04 49 10 00 Building Additions And Alterations - Other Residence
 HO 04 50 10 00 Personal Property At Other Residences - Increased Limit
 HO 04 51 10 00 Building Additions And Alterations - Increased Limit
 HO 04 52 10 00 Livestock Collision Coverage
 HO 04 53 10 00 Credit Card, Electronic Fund Transfer Card Or Access Device, Forgery And Counterfeit Money Coverage -
 Increased Limit
 HO 04 54 10 00 Earthquake
 HO 04 55 03 03 Identity Fraud Expense Coverage
 HO 04 56 10 00 Special Loss Settlement
 HO 04 58 10 00 Other Members Of Your Household
 HO 04 59 10 00 Assisted Living Care Coverage
 HO 04 60 10 00 Scheduled Personal Property Endorsement (With Agreed Value Loss Settlement)
 HO 04 61 10 00 Scheduled Personal Property Endorsement
 HO 04 62 10 00 Scheduled Personal Property Endorsement (Copy Of Page 1 Of HO 04 61)
 HO 04 65 10 00 Coverage C Increased Special Limits Of Liability
 HO 04 66 10 00 Coverage C Increased Special Limits Of Liability - To Be Used With Form HO 00 05; Form H) 00 04 With
 Endorsement HO 05 24 And Form HO 00 06 With Endorsement HO 17 31
 HO 04 77 10 00 Ordinance Or Law Increased Amount Of Coverage
 HO 04 78 10 00 Multiple Company Insurance
 HO 04 81 10 00 Actual Cash Value Loss Settlement
 HO 04 90 10 00 Personal Property Replacement Cost Loss Settlement
 HO 04 91 10 00 Coverage B - Other Structures Away From The Residence Premises
 HO 04 92 10 00 Specific Structures Away From The Residence Premises
 HO 04 95 10 00 Water Back Up And Sump Discharge Or Overflow
 HO 04 96 10 00 No Section Ii - Liability Coverages For Home Day Care Business Limited Section I - Property Coverages For
 Home Day Care Business
 HO 04 97 10 00 Home Day Care Coverage Endorsement
 HO 04 98 10 00 Refrigerated Property Coverage
 HO 04 99 10 00 Sinkhole Collapse
 HO 05 24 10 00 Special Personal Property Coverage - Form HO 00 04 Only
 HO 05 27 10 00 Additional Insured - Student Living Away From The Residence Premises
 HO 05 28 10 00 Owned Motorized Golf Cart Physical Loss Coverage
 HO 05 30 10 00 Functional Replacement Cost Loss Settlement
 HO 05 41 10 00 Extended Theft Coverage For Residence Premises Occasionally Rented To Others
 HO 05 43 10 00 Residence Held In Trust
 HO 05 46 10 00 Landlord's Furnishings
 HO 05 80 10 00 Property Remediation For Escaped Liquid Fuel And Limited Lead And Escaped Liquid Fuel Liability Coverages -
 All Forms Except Forms HO 00 04 And HO 00 06
 HO 05 81 10 00 Property Remediation For Escaped Liquid Fuel And Limited Lead And Escaped Liquid Fuel Liability Coverages -
 Form HO 00 04 Only

HO 05 82 10 00 Property Remediation For Escaped Liquid Fuel And Limited Lead And Escaped Liquid Fuel Liability Coverages -
Form HO 00 06 Only
HO 05 83 10 00 Rating Information For Property Remediation For Escaped Liquid Fuel And Limited Lead And Escaped Liquid
Fuel Liability
HO 07 01 10 00 Home Business Insurance Coverage
HO 07 50 10 00 Additional Insured - Managers Or Lessors Of Premises Leased To An Insured
HO 07 51 10 00 Additional Insured - Vendors
HO 07 52 10 00 Loss Payable Provisions
HO 07 53 10 00 Exclusion - Personal And Advertising Injury
HO 07 54 10 00 Liquor Liability Exclusion And Exception For Scheduled Activities
HO 07 55 10 00 Special Coverage - Spoilage Of Perishable Stock
HO 07 56 10 00 Valuable Papers And Records Coverage Increased Limits
HO 07 57 10 00 Special Coverage For Valuable Papers And Records
HO 12 45 10 00 Change Endorsement
HO 12 76 10 00 Homeowners Rating Information
HO 17 31 10 00 Unit-Owners Coverage C Special Coverage
HO 17 32 10 00 Unit-Owners Coverage A Special Coverage
HO 17 33 10 00 Unit-Owners Rental To Others
HO 17 34 10 00 Unit-Owners Modified Other Insurance And Service Agreement Condition
HO 23 47 04 01 Excess Dwelling Coverage (Specified Additional Amount Of Insurance For Coverage A - Dwelling)
HO 23 49 04 01 Excess Dwelling Coverage (Additional Limits Of Liability For Coverages A, B, C, And D)
HO 24 13 10 00 Incidental Low Power Recreational Motor Vehicle
HO 24 43 10 00 Permitted Incidental Occupancies - Other Residence
HO 24 64 10 00 Owned Snowmobile
HO 24 70 10 00 Additional Residence Rented To Others 1,2,3 Or 4 Families
HO 24 71 10 00 Business Pursuits
HO 24 72 10 00 Incidental Farming Personal Liability
HO 24 73 10 00 Farmers Personal Liability
HO 24 75 10 00 Watercraft
HO 24 82 10 00 Personal Injury
HO 24 96 10 00 Exclusion Of Farm Employees Illegally Employed
IL N 016 09 03 Arkansas Fraud Statement
IL P 001 01 04 U.S. Treasury Department's Office Of Foreign Assets Control ("OFAC") Advisory Notice To Policyholders
IL T 001 05 05 Lost Policy Release/Cancellation Request
MH 04 01 10 00 Mobilehome Endorsement
MH 04 02 10 00 Actual Cash Value Mobilehome
MH 04 03 10 00 Transportation/Permission To Move
MH 04 04 10 00 Mobilehome Lienholder's Single Interest
MH 04 06 10 00 Property Removed Increased Limit
MH 04 08 10 00 Ordinance Or Law Coverage

Named Insured	Policy Number
TEST; RATES	HI1 2356593 00

Pay Plan

INSTALLMENT BILL INSURED

Special Messages**Mortgagees**

Number 1

Number 2

Loan Number**Loan Number****Rating Information**

CONSTRUCTION	YR CONSTRUCTED	FAMILIES	RESIDENCY TYPE	CITY LIMIT
FRAME	2000	1	PRIMARY	INSIDE CITY
TERRITORY	PROT-CLASS/BCEG	FEET TO HYDRANT	MILES FRM STATN	ROOF MATERIAL
32	06 99	101	1	COMPOSITION

Coverage Descriptions

Issue Date	CO/ST/DO/Agent	Authorized Representative
02/09/07	12 35 15 5518	

Agency and Mailing Address
AGENCY INC



(800) 224-1245

Named Insured and Mailing Address	Insuring Company
TEST; RATES	REPUBLIC COMPANY
	5525 LBJ FREEWAY
	DALLAS, TX 75240
	(800) 344-2275

Policy Number HI1 2356593 00
 Activity HOMEOWNERS POLICY NEW DECLARATION

Residence Premises SAME AS ABOVE

Special Messages THIS POLICY DOES NOT PROVIDE COVERAGE FOR LEAD POISONING, CONTAMINATION, OR OTHER LEAD RELATED LIABILITY.

Policy Period	Effective	Expires	Effective date of change	
	03/01/07	03/01/08		At 12:01 AM Standard Time at the residence premises.

Deductibles for Section I. ALL PERILS DEDUCTIBLE \$1000

Coverages & Premiums Coverage at the residence premises is provided only where a limit of liability is shown or a premium is stated.

Coverages Section I.	Limit of Liability	Premiums
A. Dwelling	\$ 140,000	1,395
B. Other Structure	\$ 14,000	INCL
C. Personal Property	\$ 70,000	INCL
D. Loss of Use	\$ 28,000	INCL
Coverages Section II.		
E. Personal Liability (each occurrence)	\$ 100,000	INCL
F. Medical Payments to Others (each person)	\$ 1,000	INCL

Forms & Endorsements

HO-0003	SPECIAL FORM
HO-0151	SPECIAL PROVISIONS
HO-0432	LIMITED FUNGI, ROT AND BACTERIA COV
HO-0496	LIMITED COVERAGE - HOME DAY CARE
IL-0179	0494 MODIFIED NOTICE
PR-2001	0804 PRIVACY NOTICE

Premium Adjustments	DEDUCTIBLE ADJUSTMENT	265CR
	HAIL RESISTANT ROOF CONSTRUCTION	209CR
	NEW HOME CREDIT	INCL

Total Premium ANNUAL PREMIUM \$ 977

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 11/30/2007

Comments:

Attachment:

PCtransDocAR HOF1.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 #

5. Company Tracking Number	
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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 #	
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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]
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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.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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			<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

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 #	
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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		<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	