Filing at a Glance

Companies: 22136 - GREAT AMERICAN INSURANCE COMPANY OF NEW YORK, Great American Insurance Company, Great American Assurance Company, Great American Alliance Ins Co

Product Name: Commerical Auto	SERFF Tr Num: ARKS-125378920	State: Arkansas
TOI: 20.0 Commercial Auto	SERFF Status: Closed	State Tr Num: #392979,#392980 $25 EA.
Sub-TOI: 20.0001 Business Auto	Co Tr Num: CA AR 0711 DELY	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author:	Disposition Date: 12/10/2007
	Date Submitted: 12/05/2007	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 12/10/2007
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal): 12/10/2007

State Filing Description:

#392979 #392980

General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 12/10/2007	
State Status Changed: 12/10/2007	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

Delay adoption of ISO's revisions to the Liability and Physical Damage Experience and Scheduled Rating plans. designation numbers RP 2007 RAL07 and RP 2007 RPD07.

Company and Contact

Filing Contact Information

NA NA,
NA
NA, AR 00000

NA@NA.com
(123) 555-4567 [Phone]

Filing Company Information

22136 - GREAT AMERICAN INSURANCE COMPANY OF NEW YORK	CoCode: 22136	State of Domicile: Arkansas
No Address	Group Code:	Company Type:
City, AR 99999	Group Name:	State ID Number:
(999) 999-9999 ext. [Phone]	FEIN Number: 99-9999999	

Great American Insurance Company	CoCode: 16691	State of Domicile: Ohio
49 East 4th	Group Code:	Company Type:
Cincinnati, OH 45202	Group Name:	State ID Number:
(513) 333-6958 ext. [Phone]	FEIN Number: 31-0501234	

Great American Assurance Company	CoCode: 26344	State of Domicile: Ohio
49 East 4th St	Group Code:	Company Type: p&c
Cincinnati, OH 45202	Group Name:	State ID Number:
(513) 333-6958 ext. [Phone]	FEIN Number: 15-6020948	

Great American Alliance Ins Co	CoCode: 26832	State of Domicile: Ohio
49 East 4th St	Group Code:	Company Type:
Cincinnati, OH 45202	Group Name:	State ID Number:
(513) 333-6958 ext. [Phone]	FEIN Number: 95-1542353	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

SERFF Tracking Number:	*ARKS-125378920*	*State:*	*Arkansas*
First Filing Company:	*22136 - GREAT AMERICAN INSURANCE COMPANY OF NEW YORK, ...*	*State Tracking Number:*	*#392979,#392980 $25 EA.*
Company Tracking Number:	*CA AR 0711 DELY*		
TOI:	*20.0 Commercial Auto*	*Sub-TOI:*	*20.0001 Business Auto*
Product Name:	*Commerical Auto*		
Project Name/Number:	*/*		

Per Company: No

SERFF Tracking Number:	*ARKS-125378920*	*State:*	*Arkansas*
First Filing Company:	*22136 - GREAT AMERICAN INSURANCE COMPANY OF NEW YORK, ...*	*State Tracking Number:*	*#392979,#392980 $25 EA.*
Company Tracking Number:	*CA AR 0711 DELY*		
TOI:	*20.0 Commercial Auto*	*Sub-TOI:*	*20.0001 Business Auto*
Product Name:	*Commerical Auto*		
Project Name/Number:	*/*		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/10/2007	12/10/2007

SERFF Tracking Number:	*ARKS-125378920*	*State:*	*Arkansas*
First Filing Company:	*22136 - GREAT AMERICAN INSURANCE COMPANY OF NEW YORK, ...*	*State Tracking Number:*	*#392979,#392980 $25 EA.*
Company Tracking Number:	*CA AR 0711 DELY*		
TOI:	*20.0 Commercial Auto*	*Sub-TOI:*	*20.0001 Business Auto*
Product Name:	*Commerical Auto*		
Project Name/Number:	*/*		

Disposition

Disposition Date: 12/10/2007
Effective Date (New): 12/10/2007
Effective Date (Renewal): 12/10/2007
Status: Approved
Comment: Delay adoption

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

SERFF Tracking Number:	*ARKS-125378920*	*State:*	*Arkansas*
First Filing Company:	*22136 - GREAT AMERICAN INSURANCE COMPANY OF NEW YORK, ...*	*State Tracking Number:*	*#392979,#392980 $25 EA.*
Company Tracking Number:	*CA AR 0711 DELY*		
TOI:	*20.0 Commercial Auto*	*Sub-TOI:*	*20.0001 Business Auto*
Product Name:	*Commerical Auto*		
Project Name/Number:	*/*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	ARKS-125378920		No

SERFF Tracking Number:	*ARKS-125378920*	*State:*	*Arkansas*
First Filing Company:	*22136 - GREAT AMERICAN INSURANCE COMPANY OF NEW YORK, ...*	*State Tracking Number:*	*#392979,#392980 $25 EA.*
Company Tracking Number:	*CA AR 0711 DELY*		
TOI:	*20.0 Commercial Auto*	*Sub-TOI:*	*20.0001 Business Auto*
Product Name:	*Commerical Auto*		
Project Name/Number:	*/*		

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125378920 12/10/2007

Comments:

Attachment:

ARKS-125378920.pdf

ARKS-125378920 CR

Specialty Operations
49 East Fourth Street
Dixie Terminal South Building
4th Floor
Cincinnati, OH 45202-3803
PO Box 5425
Cincinnati, OH 45201-5425
1-800-605-6713
513.333.6996 fax

CK#392979
$25.00
CK#392980
$25.00

GREAT AMERICAN
INSURANCE GROUP

RECEIVED
DEC 05 2007
PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

December 3, 2007

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

Re:	**Great American Insurance C ompany**	**084-16691**
	Great American Insurance of New York	**084-22136**
	Great American Assurance Company	**084-26344**
	Great American Alliance Insurance Company	**084-26832**
	GAI Filing # CA AR 0711 DELY	

Dear Sir or Madam:

The above referenced companies hereby place on file their intent to to delay adoption of ISO's revisions to the **Liability** and **Physical Damage Experience and Scheduled Rating plans** as outlined in ISO filing designation numbers **RP 2007 RAL07** and **RP 2007 RPD07** respectively.

We request that this filings be delayed until our next scheduled loss cost filing. Please use the enclosed duplicate to indicate your receipt and approval of this filing.

Sincerely,

Jackie Bisbe

Jackie Bisbe
Product Analyst
Product Development and Compliance
Phone: 513-333-6927
Email: jbisbe@gaic.com

Approved until withdrawn
or revoked

DEC 10 2007

Arkansas Insurance Department
By: LK

Effective March 1, 2007

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

RECEIVED
DEC 05 2007
PROPERTY AND CASUALTY DIVISI
ARKANSAS INSURANCE DEPARTME

3.	Group Name	Group NAIC #
	Great American Insurance Group	084

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Great American Insurance Co.	OH	16691	31-0501234	
	Great American Insurance of NY	NY	22136	13-5539046	
	Great American Assurance Co.	OH	26344	15-6020948	
	Great American Alliance Insurance Co.	OH	26832	95-1542353	

5.	Company Tracking Number	CA AR 0711 DELY

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Jackie Bisbe	Product Analyst	513.333.6927	513.333.6996	jbisbe@gaic.com
	42 E. 4th Street, DTN6 Cincinnati Oh 4202				

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

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

9.	Type of Insurance (TOI)	Commercial Auto 20.0000			
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	☐ Rate/Loss Cost ☒ Rules ☐ Rates/Rules ☐ Forms ☐ Combination Rates/Rules/Forms ☐ Withdrawal ☐ Other (give description)			
14.	Effective Date(s) Requested	New:	08/08/8888	Renewal:	08/08/8888

Property & Casualty Transmittal Document---

15.	**Reference Filing?**	☒ Yes ☐ No
16.	**Reference Organization** (if applicable)	ISO
17.	**Reference Organization # & Title**	
18.	**Company's Date of Filing**	12/3/2007
19.	**Status of filing in domicile**	☐ Not Filed ☒ Pending ☐ Authorized ☐ Disapproved

20.	**This filing transmittal is part of Company Tracking #**	CA AR 0711 DELY

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

To delay ISO's revision to the PD and Liab Experience & Scheduled Rating plans until our next loss cost 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 #: 0000392979
Amount: **25.00**
$25 per reference filing

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

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

Effective March 1, 2007

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	

RECEIVED
DEC 05 2007
PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

3.	Group Name	Group NAIC #
	Great American Insurance Group	084

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Great American Insurance Co.	OH	16691	31-0501234	
	Great American Insurance of NY	NY	22136	13-5539046	
	Great American Assurance Co.	OH	26344	15-6020948	
	Great American Alliance Insurance Co.	OH	26832	95-1542353	

5.	Company Tracking Number	CA AR 0711 DELY

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Jackie Bisbe	Product Analyst	513.333.6927	513.333.6996	jbisbe@gaic.com
	42 E. 4th Street, DTN6 Cincinnati Oh 4202				

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

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

9.	**Type of Insurance (TOI)**	Commercial Auto 20.0000			
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**	☐ Rate/Loss Cost ☒ Rules ☐ Rates/Rules ☐ Forms ☐ Combination Rates/Rules/Forms ☐ Withdrawal ☐ Other (give description)			
14.	**Effective Date(s) Requested**	New:	08/08/8888	Renewal:	08/08/8888

Property & Casualty Transmittal Document---

15.	**Reference Filing?**	☒ Yes ☐ No
16.	**Reference Organization** (if applicable)	ISO
17.	**Reference Organization # & Title**	
18.	**Company's Date of Filing**	12/3/2007
19.	**Status of filing in domicile**	☐ Not Filed ☒ Pending ☐ Authorized ☐ Disapproved

20.	**This filing transmittal is part of Company Tracking #**	CA AR 0711 DELY

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

To delay ISO's revision to the PD and Liab Experience & Scheduled Rating plans until our next loss cost 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 #: 0000392980
Amount: **25.00**
$25 per reference filing

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

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

Effective January 1, 2006

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 #**	CA AR 0711 DELY
2.	**This filing corresponds to form filing number** (Company tracking number of form filing, if applicable)	

☐ Rate Increase ☐ Rate Decrease ☒ Rate Neutral (0%)

3.	**Filing Method (Prior Approval, File & Use, Flex Band, etc.)**	

4a. Rate Change by Company (As Proposed)

Company Name	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)
GAIC GANY	0%	NA				
GAAS GAAL	0%	NA				

4b. Rate Change by Company (As Accepted) For State Use Only

Company Name	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a.	**Overall percentage rate impact for this filing**	0%	
5b.	**Effect of Rate Filing – Written premium change for this program**	NA	
5c.	**Effect of Rate Filing – Number of policyholders affected**		

6.	**Overall percentage of last rate revision**	
7.	**Effective Date of last rate revision**	
8.	**Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)**	

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	ISO Revised PD and Liab Experience & Scheduled Rating plans	☐ New ☒ Replacement ☐ Withdrawn	
02		☐ New ☐ Replacement ☐ Withdrawn	
03		☐ New ☐ Replacement ☐ Withdrawn	
04		☐ New ☐ Replacement ☐ Withdrawn	
05		☐ New ☐ Replacement	