

SERFF Tracking Number: CMPX-125369868 State: Arkansas
Filing Company: Companion Property & Casualty Insurance Company State Tracking Number: #? \$?
Company
Company Tracking Number: P#06191
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: General Liability
Project Name/Number: MU GL 2007 Rules & Forms Revision 12/1/07/p#06191

Filing at a Glance

Company: Companion Property & Casualty Insurance Company

Product Name: General Liability SERFF Tr Num: CMPX-125369868 State: Arkansas
TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: #? \$?
Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: P#06191 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: SPI CompanionPCGroup Disposition Date: 12/07/2007
Date Submitted: 11/27/2007 Disposition Status: Non-Adoption

Effective Date Requested (New): 12/01/2007 Effective Date (New):
Effective Date Requested (Renewal): Effective Date (Renewal):

State Filing Description:

General Information

Project Name: MU GL 2007 Rules & Forms Revision 12/1/07

Project Number: p#06191

Reference Organization: ISO

Reference Title:

Filing Status Changed: 12/07/2007

State Status Changed: 12/07/2007

Corresponding Filing Tracking Number:

Filing Description:

Companion Property & Casualty Insurance Company wishes to non-adopt the following ISO filing references indefinitely:

GL-2006-OCTFR

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number: GL-2006-OCTRU

Advisory Org. Circular:

Deemer Date:

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Company and Contact

Filing Contact Information

LaTonya Ivey, Regulatory Compliance Analyst latonya.ivey@companiongroup.com

II

P.O. Box 100165 (803) 795-7770 [Phone]

Columbia, SC 29202 (803) 865-3155[FAX]

Filing Company Information

Companion Property & Casualty Insurance CoCode: 12157 State of Domicile: South Carolina

Company

P.O. Box 100165 Group Code: 661

Columbia, SC 29202 Group Name: State ID Number:

(800) 845-2724 ext. [Phone] FEIN Number: 57-0768836

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Non-Adoption	Edith Roberts	12/07/2007	12/07/2007

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing fee	Note To Reviewer	SPI CompanionPCGr oup	12/07/2007	12/07/2007

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Disposition

Disposition Date: 12/07/2007

Effective Date (New):

Effective Date (Renewal):

Status: Non-Adoption

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CMPX-125369868 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property &Non-adoption Casualty		Yes
Supporting Document	AR - CERTIFICATE OF COMPLIANCE - Non-adoption (AID PC SelfCert (4/30/03))		Yes
Supporting Document	Cover Letter	Non-adoption	Yes

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Non-adoption 12/07/2007

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Satisfied -Name: AR - CERTIFICATE OF
COMPLIANCE - (AID PC SelfCert
(4/30/03)) **Review Status:** Non-adoption 12/07/2007

Comments:

Attachment:

AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4_30_03)).PDF

Satisfied -Name: Cover Letter **Review Status:** Non-adoption 12/07/2007

Comments:

Attachment:

Cover Letter.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 #
	661

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Companion Property & Casualty Insurance Company	SC	12157	57-0768836	

5. Company Tracking Number	p#06191
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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
	LaTonya Ivey P.O. Box 100165 Columbia SC 29202	Regulatory Compliance Analyst II	800-845-2724	803 865-3155	latonya.ivey@companion group.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		LaTonya Ivey		

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

9.	Type of Insurance (TOI)	17.0 Other Liability - Claims Made/Occurrence
10.	Sub-Type of Insurance (Sub-TOI)	17.0001 Commercial General Liability
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	General Liability
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: N/A Renewal: N/A
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	ISO
17.	Reference Organization # & Title	GL-2006-OCTFR
18.	Company's Date of Filing	
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	p#06191
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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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Companion Property & Casualty Insurance Company wishes to non-adopt the following ISO filing references indefinitely:

GL-2006-OCTFR

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 #: Amount:	
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.)

ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)



I, Steven Bloss, Vice President of
(Name) (Title of Authorized Officer)

Companion Property & Casualty Insurance Company
(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- a. Arkansas Code Annotated;
- b. Arkansas Rules and Regulations;
- c. Arkansas Insurance Bulletins, Directives and Orders;
- d. Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- e. Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? <i>(Yes or No)</i> •	Yes
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If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number • p#06191	
Signature of Authorized Officer •	
Name of Authorized Officer •	Steven Bloss
Title of Authorized Officer •	Vice President of Underwriting & Marketing
Email address of Authorized Officer •	Steven.bloss@companiongroup.com
Telephone # of Authorized Officer •	803-735-0672
Date •	11/27/07

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@state.ar.us



Companion Property & Casualty Group

Companion Property & Casualty
Insurance Company

Companion Commercial
Insurance Company

November 27, 2007

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

Attn: Property & Casualty Division

RE: Companion Property & Casualty Insurance Company NAIC#: 661-12157 FEIN#: 57-0768836
General Liability - MU GL 2007 Rules & Forms Revision 12/1/07
Company Filing: P#06191
Proposed Effective Date: Non-Adopt Indefinitely

Dear Commissioner Benafield Bowman:

Companion Property & Casualty Insurance Company wishes to non-adopt the following ISO filing references indefinitely:

GL-2006-OCTFR

Please let me know if you need additional information.

Sincerely,

LaTonya Ivey
Regulatory Compliance Analyst II
Phone: 803-795-7770
Fax: 803 865-3155
Email: latonya.ivey@companiongroup.com