

SERFF Tracking Number: AMRS-125277381 State: Arkansas
First Filing Company: AMERISURE MUTUAL INSURANCE State Tracking Number: AR-PC-07-025938
COMPANY, ...
Company Tracking Number: AR-ML 2007-IPPR
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations
Liability
Product Name: Commercial Multiple Lines
Project Name/Number: Installment Plan/

Filing at a Glance

Companies: AMERISURE MUTUAL INSURANCE COMPANY, AMERISURE INSURANCE COMPANY
Product Name: Commercial Multiple Lines SERFF Tr Num: AMRS-125277381 State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: AR-PC-07-025938
Sub-TOI: 05.0000 CMP Sub-TOI Combinations Co Tr Num: AR-ML 2007-IPPR State Status:
Filing Type: Rule Co Status: Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding
Author: Yvonne Johnson Disposition Date: 08/30/2007
Date Submitted: 08/29/2007 Disposition Status: Exempt from
Review
Effective Date Requested (New): 12/01/2007 Effective Date (New): 12/01/2007
Effective Date Requested (Renewal): 12/01/2007 Effective Date (Renewal):
12/01/2007

General Information

Project Name: Installment Plan Status of Filing in Domicile: Authorized
Project Number: Domicile Status Comments:
Reference Organization: N/A Reference Number: N/A
Reference Title: N/A Advisory Org. Circular: N/A
Filing Status Changed: 08/30/2007
State Status Changed: 08/30/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
August 23, 2007

Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

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Subject: Amerisure Mutual Insurance Company, NAIC No. 23396

FEIN No. 38-0829210, Group No. 124

Amerisure Insurance Company, NAIC No. 19488

FEIN No. 38-1869912, Group No. 124

Commercial Manual

Commercial Multiple Lines

Company Filing No.: AR-ML 2007-IPPR

Installment Payment Plan

For policies effective on or after December 1, 2007

Dear Commissioner,

Amerisure Mutual Insurance Company (AMI) and Amerisure Insurance Company (AIC) request your approval of our Commercial Lines Installment Payment Plan as follows:

- Installment Pay Plan, ML-Pay Plan-AMI, dated 08/07
- Installment Pay Plan, ML-Pay Plan-AIC, dated 08/07

The Installment Payment Plan is to be applicable to all commercial lines we are licensed to do business in.

Enclosed are the appropriate documents for this filing along with any necessary fees and a return envelope for your use.

My contact information is listed below; please do not hesitate to get in touch with me for any discrepancies in this filing.

Best regards,

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 Yvonne Johnson
 Compliance Analyst

Company and Contact

Filing Contact Information

Yvonne Johnson, Compliance Analyst I yvjohnson@amerisure.com
 26777 Halsted Rd. (800) 257-1900 [Phone]
 Farmington Hills, MI 48331 (248) 426-7789[FAX]

Filing Company Information

AMERISURE MUTUAL INSURANCE COMPANY 26777 HALSTED RD. FARMINGTON HILLS, MI 48331-2060 (800) 257-1900 ext. 54270[Phone]	CoCode: 23396 Group Code: 124 Group Name: AMERISURE INSURANCE FEIN Number: 38-0829210 -----	State of Domicile: Michigan Company Type: PROPERTY & CASUALTY State ID Number:
AMERISURE INSURANCE COMPANY 26777 HALSTED RD. FARMINGTON HILLS, MI 48331-2060 (800) 257-1900 ext. 54270[Phone]	CoCode: 19488 Group Code: 124 Group Name: AMERISURE INSURANCE FEIN Number: 38-1869912 -----	State of Domicile: Michigan Company Type: PROPERTY & CASUALTY State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation:

SERFF Tracking Number: AMRS-125277381 *State:* Arkansas
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Project Name/Number: Installment Plan/
Per Company: No

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CHECK NUMBER	CHECK AMOUNT	CHECK DATE
268061	\$25.00	08/31/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Exempt from Review	Llyweyia Rawlins	08/30/2007	08/30/2007

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Disposition

Disposition Date: 08/30/2007

Effective Date (New): 12/01/2007

Effective Date (Renewal): 12/01/2007

Status: Exempt from Review

Comment: Per Arkansas Code 23-67-206: Property and casualty insurance for commercial risk, excluding workers' compensation, employers' liability, and professional liability insurance are exempted from rate and rule filing and review.

(see actual code site for details)

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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Item Type	Item Name	Item Status	Public Access
Supporting Document	Property & Casualty Transmittal	Accepted for Informational Purposes	Yes
Rate	COMMERCIAL LINES STATE EXCEPTION PAGE INSTALLMENT PAY PLANS	Accepted for Informational Purposes	Yes
Rate	COMMERCIAL LINES STATE EXCEPTION PAGE INSTALLMENT PAY PLANS	Accepted for Informational Purposes	Yes

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Rate Information

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Accepted for Informational Purposes	COMMERCIAL LINES STATE EXCEPTION PAGE INSTALLMENT PAY PLANS	ML-Pay Plan- AMI	New	ML-PayPlan-AMI, Ed 08-07.pdf
Accepted for Informational Purposes	COMMERCIAL LINES STATE EXCEPTION PAGE INSTALLMENT PAY PLANS	ML-Pay Plan- AIC	New	ML-PayPlan-AIC, Ed 08-07.pdf

**COMMERCIAL LINES
STATE EXCEPTION PAGE
INSTALLMENT PAY PLANS**

AMERISURE MUTUAL INSURANCE COMPANY

DIRECT BILL

Description of Plan	Fee
12 EQUAL MONTHLY INSTALLMENTS	\$50 fee per account
10 EQUAL MONTHLY INSTALLMENTS	\$50 fee per account
25% (1 ST MONTH) AND 9 EQUAL MONTHLY INSTALLMENTS	\$50 fee per account
25% (1 ST MONTH) AND 5 EQUAL MONTHLY INSTALLMENTS	\$50 fee per account
30%, 30%, 20%, 20%, BI-MONTHLY INSTALLMENTS	\$50 fee per account
30%, 30%, 20%, 20%, QUARTERLY INSTALLMENTS	\$50 fee per account
50%, 25%, 25%, MONTHLY INSTALLMENTS	\$50 fee per account

AGENCY BILL

Description of Plan
25% DOWN + 8 INSTALLMENTS
25% DOWN + 5 INSTALLMENTS
30%, 30%, 20%, 20% BI-MONTHLY
25% DOWN + 9 INSTALLMENTS
10 EQUAL INSTALLMENTS
0% DOWN + 4 INSTALLMENTS

**COMMERCIAL LINES
STATE EXCEPTION PAGE
INSTALLMENT PAY PLANS**

AMERISURE INSURANCE COMPANY

DIRECT BILL

Description of Plan	Fee
12 EQUAL MONTHLY INSTALLMENTS	\$50 fee per account
10 EQUAL MONTHLY INSTALLMENTS	\$50 fee per account
25% (1 ST MONTH) AND 9 EQUAL MONTHLY INSTALLMENTS	\$50 fee per account
25% (1 ST MONTH) AND 5 EQUAL MONTHLY INSTALLMENTS	\$50 fee per account
30%, 30%, 20%, 20%, BI-MONTHLY INSTALLMENTS	\$50 fee per account
30%, 30%, 20%, 20%, QUARTERLY INSTALLMENTS	\$50 fee per account
50%, 25%, 25%, MONTHLY INSTALLMENTS	\$50 fee per account

AGENCY BILL

Description of Plan
25% DOWN + 8 INSTALLMENTS
25% DOWN + 5 INSTALLMENTS
30%, 30%, 20%, 20% BI-MONTHLY
25% DOWN + 9 INSTALLMENTS
10 EQUAL INSTALLMENTS
0% DOWN + 4 INSTALLMENTS

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Supporting Document Schedules

Satisfied -Name: Property & Casualty Transmittal

Review Status:

Accepted for Informational 08/30/2007
Purposes

Comments:

Attachments:

AR-ML 2007-IPPR-779.pdf

AR-ML 2007-IPPR-777.pdf

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 #	AR-ML 2007-IPPR
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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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)
Amerisure Mutual Insurance		0%					
Amerisure Insurance		0%					

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 (where required)	Minimum % Change (where required)

Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)	0%	
5b.	Overall percentage rate impact for this filing	0%	
5c.	Effect of Rate Filing – Written premium change for this program	No Change	
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	ML-Pay Plan-AMI	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	ML-Pay Plan-AIC	<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	

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: 70%; 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 #: AMRS 125277381 h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
Amerisure Companies	124

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Amerisure Mutual Insurance Company	MI	23396	38-0829210	
Amerisure Insurance Company	MI	19488	38-1869912	

5. Company Tracking Number	AR-ML 2007-IPPR
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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
	Yvonne Johnson 26777 Halsted Road Farmington Hills, MI 48331	Compliance Analyst	800.257.1900 Ext. 67978	248.426.7789	yvjohnson@amerisure.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Yvonne Johnson

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

9. Type of Insurance (TOI)	05.0 CMP Liability and Non-Liability
10. Sub-Type of Insurance (Sub-TOI)	05.0000 CMP Sub-TOI Combinations
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	N/A
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" 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: 12/01/2007 Renewal: 12/01/2007
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	8/23/2007

19. Status of filing in domicile	<input type="checkbox"/> Not Filed	<input type="checkbox"/> Pending	<input checked="" type="checkbox"/> Authorized	<input type="checkbox"/> Disapproved
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Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	AR-ML 2007-IPPR
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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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- Installment Pay Plan, ML-Pay Plan-AMI, dated 08/07
- Installment Pay Plan, ML-Pay Plan-AIC, dated 08/07

The Installment Payment Plan is to be applicable to all commercial lines we are licensed to do business in.

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 #: 268061

Amount: 25.00

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.)**