

SERFF Tracking Number: CLBA-125261050 State: Arkansas
Filing Company: Columbia Mutual Insurance Compny State Tracking Number: AR-PC-07-025794
Company Tracking Number: CMI-PUB-07-F01
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2000 Other Liability Sub-TOI Combinations
Product Name: Personal Umbrella
Project Name/Number: Driver Exclusion Endorsement DL 99 38 10 07/CMI-PUB-07-F01

Filing at a Glance

Company: Columbia Mutual Insurance Compny

Product Name: Personal Umbrella SERFF Tr Num: CLBA-125261050 State: Arkansas
TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: AR-PC-07-025794
Sub-TOI: 17.2000 Other Liability Sub-TOI Co Tr Num: CMI-PUB-07-F01 State Status:
Combinations

Filing Type: Form Co Status: Reviewer(s): Alexa Grissom, Betty
Montesi, Brittany Yielding
Authors: Dennis McVay, Christina Walker, DeeDee Williams Disposition Date: 08/21/2007
Date Submitted: 08/14/2007 Disposition Status: Approved

Effective Date Requested (New): 10/15/2007 Effective Date (New): 10/15/2007
Effective Date Requested (Renewal): 10/15/2007 Effective Date (Renewal):

General Information

Project Name: Driver Exclusion Endorsement DL 99 38 10 07 Status of Filing in Domicile: Not Filed
Project Number: CMI-PUB-07-F01 Domicile Status Comments:
Reference Organization: ISO Reference Number: DL-2007-ONDE1
Reference Title: N/A Advisory Org. Circular: LI-DL-2007-189
Filing Status Changed: 08/21/2007
State Status Changed: 08/15/2007 Deemer Date:
Corresponding Filing Tracking Number:

Filing Description:

In reference to ISO Filing Designation Number DL-2007-ONDE1, we wish to implement this filing in our Personal Umbrella Policy Program effective October 15, 2007.

Company and Contact

Filing Contact Information

DeeDee Williams, Asst. Analyst dwilliams@colinsgrp.com
2102 White Gate Drive (573) 474-6193 [Phone]

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Columbia, MO 65205 (800) 836-5713[FAX]

Filing Company Information

Columbia Mutual Insurance Compny CoCode: 40371 State of Domicile: Missouri
2102 White Gate Drive Group Code: 807 Company Type: Mutual
P O Box 618
Columbia, MO 65205 Group Name: Columbia Insurance State ID Number: 03
Group
(573) 474-6193 ext. [Phone] FEIN Number: 43-0790393

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Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Columbia Mutual Insurance Compny	\$20.00	08/14/2007	15097478

State Specific

Check_No: N/A
Check_Amt: N/A
Check_Rec: N/A

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	08/21/2007	08/21/2007

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Disposition

Disposition Date: 08/21/2007

Effective Date (New): 10/15/2007

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		Yes

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Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

08/14/2007

Comments:

Attachment:

PC TD-1.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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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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 #

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

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

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