

Filing at a Glance

Companies: GEICO Indemnity Company, GEICO Casualty Company, GEICO General Insurance Company, Government Employees Insurance Company

Product Name: 129-Auto-Rule-AR	SERFF Tr Num: GECC-125257025	State: Arkansas
TOI: 19.0 Personal Auto	SERFF Status: Closed	State Tr Num: AR-PC-07-025777
Sub-TOI: 19.0001 Private Passenger Auto (PPA)	Co Tr Num: 2007-129	State Status:
Filing Type: Rule	Co Status:	Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding
	Author: Maria Papagjika	Disposition Date: 08-14-2007
	Date Submitted: 08-10-2007	Disposition Status: Filed
Effective Date Requested (New): 11-01-2007		Effective Date (New): 11-01-2007
Effective Date Requested (Renewal): 11-01-2007		Effective Date (Renewal):

General Information

Project Name: 129-Auto-Rule-AR	Status of Filing in Domicile: Pending
Project Number: 2007-129	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08-14-2007	
State Status Changed: 08-13-2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Specifically, this filing presents a new 3% E-Banking discount to be applied to all coverages when certain conditions are met.	

Company and Contact

Filing Contact Information

Maria Papagjika, Analyst, State Filings	mpapagjika@geico.com
One GEICO Plaza	(301) 986-3792 [Phone]
Washington, DC 20076	(301) 986-3922[FAX]

Filing Company Information

GEICO Indemnity Company	CoCode: 22055	State of Domicile: Maryland
4608 Willard Avenue	Group Code: 31	Company Type:
Chevy Chase, MD 20815	Group Name:	State ID Number:
(800) 824-5404 ext. [Phone]	FEIN Number: 52-0794134	

GEICO Casualty Company
4608 Willard Avenue
Chevy Chase, MD 20815
(800) 824-5404 ext. [Phone]

CoCode: 41491
Group Code: 31
Group Name:
FEIN Number: 52-1264413

State of Domicile: Maryland
Company Type:
State ID Number:

GEICO General Insurance Company
4608 Willard Avenue
Chevy Chase, MD 20815
(800) 824-5404 ext. [Phone]

CoCode: 35882
Group Code: 31
Group Name:
FEIN Number: 75-1588101

State of Domicile: Maryland
Company Type:
State ID Number:

Government Employees Insurance Company
4608 Willard Avenue
Chevy Chase, MD 20815
(800) 824-5404 ext. [Phone]

CoCode: 22063
Group Code: 31
Group Name:
FEIN Number: 53-0075853

State of Domicile: Maryland
Company Type:
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per filing x 1 filing = \$50.00
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0305580	\$50.00	08-10-2007

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	08-14-2007	08-14-2007

Disposition

Disposition Date: 08-14-2007

Effective Date (New): 11-01-2007

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	Cover Letter	Filed	Yes
Supporting Document	Filing Memo	Filed	Yes

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Filed	08-14-2007
Comments:			
Attachment:			
Trans.pdf			
Satisfied -Name:	Cover Letter	Review Status: Filed	08-14-2007
Comments:			
Attachment:			
MPD-LTR.pdf			
Satisfied -Name:	Filing Memo	Review Status: Filed	08-14-2007
Comments:			
Attachment:			
AR MPD Memo.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>	New Business		Renewal Business	
New Business					
Renewal Business					
	f. State Filing #:				
	g. SERFF Filing #:				
	h. Subject Codes				

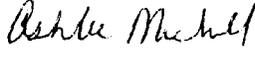
3. Group Name	Group NAIC #
GEICO	0031

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Government Employees Insurance Company (GE)	MD	22063	53-0075853	N/A
GEICO General Insurance Company (GG)	MD	35882	75-1588101	N/A
GEICO Indemnity Company (GI)	MD	22055	52-0794134	N/A
GEICO Casualty Company (GC)	MD	41491	52-1264413	N/A

5. Company Tracking Number	2007-129
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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
	Ashlee Michell 4608 Willard Avenue Chevy Chase, MD 20815	Analyst, State Filings	800-824-5404 ext. 3288	301-986-3922	amichell@geico.com

7. Signature of authorized filer	
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8. Please print name of authorized filer	Ashlee Michell
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Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	19.0
10. Sub-Type of Insurance (Sub-TOI)	19.1/21.1
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Automobile Casualty Manual
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: November 1, 2007 Renewal: November 1, 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	August 10, 2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	2007-129
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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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Specifically, this filing presents a new 3% E-Banking discount to be applied to all coverages when certain conditions are met.

Final printed manual pages will be forwarded upon approval.

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 #: 0305580

Amount: \$50.00

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.)**

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 #	2007-129
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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.)	File & Use
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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)
GE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
GG	N/A	N/A	N/A	N/A	N/A	N/A	N/A
GI	N/A	N/A	N/A	N/A	N/A	N/A	N/A
GC	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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)

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)	N/A	
5b	Overall percentage rate impact for this filing	N/A	
5c	Effect of Rate Filing – Written premium change for this program	N/A	
5d	Effect of Rate Filing – Number of policyholders affected	N/A	

6.	Overall percentage of last rate revision	N/A
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7.	Effective Date of last rate revision	N/A
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	File & Use
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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	N/A
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A



- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company
- GEICO Casualty Company

ONE GEICO PLAZA ■ Washington, D.C. 20076-0001

August 10, 2007

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

Re: Government Employees Insurance Company (GEICO) NAIC: 031-22063
GEICO General Insurance Company NAIC: 031-35882
GEICO Indemnity Company NAIC: 031-22055
GEICO Casualty Company NAIC: 031-41491
Automobile Casualty Manual Rule Revision
File No.:2007-129
Rule 31. E-Banking Discount

Dear Commissioner Bowman:

For your review, Government Employees Companies herewith submit a revision to our Automobile Casualty Manuals currently on file.

Specifically, this filing presents a new 3% E-Banking discount to be applied to all coverages when certain conditions are met.

This is a rule filing and does not propose any change to the current rate level. It therefore does not constitute a rate change under the filing provisions of the law. If we are mistaken regarding this interpretation please let us know.

Final printed manual pages will be forwarded upon approval.

Upon receipt, please forward your stamped acknowledgment for our records. We will implement this change for all policies written on and after November 1, 2007.

Sincerely,

Ashlee Michell
Analyst, State Filings
800-824-5404 Ext. 3288
AMichell@geico.com

Enclosures

GOVERNMENT EMPLOYEES COMPANIES

VOLUNTARY AUTOMOBILE INSURANCE

ARKANSAS

FILING MEMORANDUM

We propose to begin offering a discount to new and renewal policyholders that have an established business relationship with select commercial banking partners and are enrolled in our electronic funds transfer (EFT), e-bill, and e-policy programs. The premium impact of this discount is negligible, and as we will not offset it, there is no adverse impact to our current policyholders. We propose an effective date of November 1, 2007.

EFT is a program where policyholders authorize GEICO to automatically debit premium payments from their checking account according to an established payment schedule. Our e-bill program notifies policyholders via email that a bill is due and provides them with electronic access to their bills online at www.geico.com, where they can be downloaded or printed at any time. Our e-policy program provides policyholders with electronic access to their policy papers (declarations pages, contracts, option forms, etc) online, similar to our e-bill program.

We are pleased to propose a product feature that reduces GEICO's operating expenses and, in turn, saves consumers money.