

Filing at a Glance

Companies: Liberty Insurance Corporation, Liberty Mutual Fire Insurance Company, The First Liberty Insurance Corporation

Product Name: Liberty Guard Personal
Automobile Policy Program

SERFF Tr Num: LBPM-125258591 State: Arkansas

TOI: 19.0 Personal Auto

SERFF Status: Closed

State Tr Num: AR-PC-07-025773

Sub-TOI: 19.0001 Private Passenger Auto
(PPA)

Co Tr Num: AR AO

State Status:

NONADOPTION

Filing Type: Form

Co Status:

Reviewer(s): Alexa Grissom, Betty
Montesi, Brittany Yielding

Author: Laura Miller

Disposition Date: 08-14-2007

Date Submitted: 08-10-2007

Disposition Status: Approved

Effective Date Requested (New): 10-01-2007

Effective Date (New): 10-01-2007

Effective Date Requested (Renewal): 10-01-2007

Effective Date (Renewal):

General Information

Project Name: Non Adoption ISO Form

Status of Filing in Domicile: Not Filed

Project Number: AR AO Non-Adoption

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 08-14-2007

State Status Changed: 08-10-2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Non-Adoption of ISO PP 13 37

Company and Contact

Filing Contact Information

Elaine Martino, Industry Filings Specialist

elaine.martino@libertymutual.com

175 Berkeley Street

(800) 225-8346 [Phone]

Boston, MA 02116

(617) 574-6699[FAX]

Filing Company Information

Liberty Insurance Corporation

CoCode: 42404

State of Domicile: Illinois

175 Berkeley Street

Group Code: 111

Company Type:

Boston, MA 02116

Group Name:

State ID Number:

(800) 225-8346 ext. [Phone]

FEIN Number: 03-0316876

Liberty Mutual Fire Insurance Company

CoCode: 23035

State of Domicile: Wisconsin

175 Berkeley Street
Boston, MA 02116
(800) 225-8346 ext. [Phone]

Group Code: 111
Group Name:
FEIN Number: 04-1924000

Company Type:
State ID Number:

The First Liberty Insurance Corporation
175 Berkeley Street
Boston, MA 02116
(800) 225-8346 ext. [Phone]

CoCode: 33588
Group Code: 111
Group Name:
FEIN Number: 04-3058503

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

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty Mutual Fire Insurance Company	\$0.00	08-10-2007	
The First Liberty Insurance Corporation	\$0.00	08-10-2007	
Liberty Insurance Corporation	\$0.00	08-10-2007	

State Specific

Check_No: n/a
Check_Amt: n/a
Check_Rec: n/a

Correspondence Summary

Dispositions

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

Disposition

Disposition Date: 08-14-2007

Effective Date (New): 10-01-2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Created by SERFF on 08-14-2007 01:37 PM

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	08-14-2007
Comments:			
Attachment:	Transmittal Doc.pdf		
Satisfied -Name:	Cover Letter	Review Status: Approved	08-14-2007
Comments:			
Attachment:	cover letter.pdf		

Property & Casualty Transmittal Document

Reset Form

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

3. Group Name	Group NAIC #
Liberty Mutual Group	111-01112

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Liberty Mutual Fire Insurance Company	WI	111-23035	04-1924000	
Liberty Insurance Corporation	IL	111-42404	03-0316876	
The First Liberty Insurance Corporation	IA	111-33588	04-3058503	

5. Company Tracking Number	AR AO NonAdoption
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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
Laura Miller, 175 Berkeley Street, 03J, Boston, MA 02117	Industry Filings Analyst	800-225-8346	617-574-6699	laura.miller@libertymutual.com

7. Signature of authorized filer 

8. Please print name of authorized filer Laura Miller

Filing information (see General Instructions for de scriptions of these fields)

9. Type of Insurance (TOI)	19.0 Personal Auto
10. Sub-Type of Insurance (Sub-TOI)	19.0001 Private Passenger Auto (PPA)
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Liberty Guard Personal Auto Policy Program
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/F orms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 10-01-2007 Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" 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 checked="" 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 # AR AO NonAdoption

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

Non Adoption of ISO PP 13, 37

[View Complete Filing Description](#)

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.)

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AR AO NonAdoption
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

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 #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

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

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)			
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
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		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	



Liberty Mutual Group

175 Berkeley Street
Mail drop S3-A
Boston, MA 02117
Telephone: (800) 225-8346
Facsimile: (617) 574-6699

August 10, 2007

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
Property and Casualty Division
1200 W 3rd Street
Little Rock, AR 72201-1904

Re: Arkansas 2005 Personal Auto Program - Notice of Non-Adoption
Co. # AR AO Non-Adoption
Liberty Mutual Fire Insurance Company 111-23035
The First Liberty Insurance Corporation 111-33588
Liberty Insurance Corporation 111-42404

Dear Commissioner:

ISO has filed and received approval for a revision to the Arkansas 2005 Personal Auto Policy forms. We wish to non-adopt the ISO PP 13 37, Named Driver Exclusion Endorsement- Arkansas in the Liberty Mutual Fire Insurance Company, The First Liberty Insurance Corporation, and the Liberty Insurance Corporation as follows:

<u>ISO Program</u>	<u>ISO Effective Date</u>	<u>ISO Filing Designation Number</u>
2005 PAP	10/1/2007	PP-2007-ONDE1

If you have any questions, please direct them to Laura Miller at 800-225-8346, extension 41746, or e-mail laura.miller@LibertyMutual.com.

Sincerely,


Laura Miller
Industry Filings Analyst
Liberty Mutual Industry & Regulatory Relations
(800) 255-8346 X41746
Laura.Miller@LibertyMutual.com