

SERFF Tracking Number: AGNY-125289068 State: Arkansas
First Filing Company: Granite State Insurance Company, ... State Tracking Number: AR-PC-07-026186
Company Tracking Number: AIC-07-CP-07
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Property One Coverage
Project Name/Number: Integrated Property Insurance Solutions Program /AIC-07-CP-07

Filing at a Glance

Companies: Granite State Insurance Company, New Hampshire Insurance Company

Product Name: Property One Coverage SERFF Tr Num: AGNY-125289068 State: Arkansas
TOI: 01.0 Property SERFF Status: Closed State Tr Num: AR-PC-07-026186
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines) Co Tr Num: AIC-07-CP-07 State Status:
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Author: Janine Graham Disposition Date: 09/28/2007
Date Submitted: 09/24/2007 Disposition Status: Approved
Effective Date Requested (New): 10/26/2007 Effective Date (New): 10/26/2007
Effective Date Requested (Renewal): 10/26/2007 Effective Date (Renewal): 10/26/2007

General Information

Project Name: Integrated Property Insurance Solutions Program
Project Number: AIC-07-CP-07

Reference Organization: N/A
Reference Title: N/A
Filing Status Changed: 09/28/2007
State Status Changed: 09/24/2007
Corresponding Filing Tracking Number: N/A

Filing Description:

The Companies submit for your review and approval, one (1) endorsement and a to be used with their Property Coverage Form - Form No. 64543 (12/04).

Status of Filing in Domicile: Pending
Domicile Status Comments: This filing is being submitted simultaneously in all states.
Reference Number: N/A
Advisory Org. Circular: N/A

Deemer Date:

Company and Contact

Filing Contact Information

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Forms - (\$50.00 X 1 form filing per group) = \$50.00
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
00102777	\$50.00	09/18/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/28/2007	09/28/2007

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Disposition

Disposition Date: 09/28/2007
Effective Date (New): 10/26/2007
Effective Date (Renewal): 10/26/2007
Status: Approved
Comment:

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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 Project Name/Number: Integrated Property Insurance Solutions Program /AIC-07-CP-07

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Forms Listing	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Modification for Valuation of Manufacturer's or Processor's Selling Price	Approved	Yes

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 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
 Product Name: Property One Coverage
 Project Name/Number: Integrated Property Insurance Solutions Program /AIC-07-CP-07

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Modification for Valuation of Manufacturer's or Processor's Selling Price	95151	7/07	Endorsement/Amendment/Conditions	New	0.00	95151(7-07) Modification for Valuation of Manufacturer's or Processor's Selling Price.pdf

ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective at 12:01 A.M. forms a part of

Policy No. Issued to:

By:

MODIFICATION FOR VALUATION OF MANUFACTURER'S OR PROCESSOR'S SELLING PRICE

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE FORM

Subsection **C. 3.**, of Section **IX. LOSS CONDITIONS**. is deleted in its entirety and replaced by the following:

C. Valuation

- 3. a.** If the **stock** is finished goods sold but not delivered, finished goods held for sale, or goods in process, then such **stock** shall be valued at **your** selling price less discounts and expenses **you** otherwise would have had;
- b.** If the **stock** is raw materials, materials or goods held in storage prior to processing, reprocessing or recycling, and other supplies, then such **stock** shall be valued at replacement cost; or
- c.** If the property is other business personal property sold but not delivered, excluding **stock** that is sold but not delivered, then such business personal property shall be valued at **your** selling price less discounts and expenses **you** otherwise would have had.

All other terms, conditions and exclusions of the policy shall remain unchanged.

AUTHORIZED REPRESENTATIVE

SERFF Tracking Number: *AGNY-125289068* *State:* *Arkansas*
First Filing Company: *Granite State Insurance Company, ...* *State Tracking Number:* *AR-PC-07-026186*
Company Tracking Number: *AIC-07-CP-07*
TOI: *01.0 Property* *Sub-TOI:* *01.0001 Commercial Property (Fire and Allied Lines)*

Product Name: *Property One Coverage*
Project Name/Number: *Integrated Property Insurance Solutions Program /AIC-07-CP-07*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AGNY-125289068 State: Arkansas
First Filing Company: Granite State Insurance Company, ... State Tracking Number: AR-PC-07-026186
Company Tracking Number: AIC-07-CP-07
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Property One Coverage
Project Name/Number: Integrated Property Insurance Solutions Program /AIC-07-CP-07

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty	Review Status: Approved	09/28/2007
Comments:		
Attachment: AR PCTD-1.pdf		
Satisfied -Name: Forms Listing	Review Status: Approved	09/28/2007
Comments:		
Attachment: Forms Listing.pdf		
Satisfied -Name: Cover Letter	Review Status: Approved	09/28/2007
Comments:		
Attachment: AR Cover Letter.pdf		

Property & Casualty Transmittal Document (Revised 1/1/06)

1. Reserved for Insurance Dept. Use Only

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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 American International Group, Inc.	Group NAIC # 012
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4.	Company Name(s)	Domicile	NAIC #	FEIN #
	Granite State Insurance Company	PA	23809	02-0140690
	New Hampshire Insurance Company	PA	23841	02-0172170

5.	Company Tracking Number	AIC-07-CP-07
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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
	Janine Graham 175 Water Street, 17 th Floor New York, NY 10038	Filings Analyst	(212) 458-7463	(212) 458-7077	janine.graham@aig.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Janine Graham		

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

9.	Type of Insurance (TOI)	01.0000 Property
10.	Sub-Type of Insurance (Sub-TOI)	01.0001 Commercial Property (Fire and Allied Lines)
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Integrated Property Insurance Solutions 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/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other
14.	Effective Date(s) Requested	New: October 26, 2007 Renewal: October 26, 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	September 24, 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 #	AIC-07- CP-07
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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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The companies listed in Item No. 4 submit for your review and approval, one (1) endorsement to be used with their Property Coverage Form – Form No. 64543 (12/04).

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 #:	00102777
Amount:	\$50.00

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.)**

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 #	AIC-07-CP-07
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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	Modification for Valuation of Manufacturer's or Processor's Selling Price	95151 (7/07)	<input checked="" 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 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

Form Listing

	Form Title	Form No.	Form Type	New or Replacement	Form No. Being Replaced	Mandatory or Optional	Restricts, Broadens or Clarifies	Rate or Premium Impact	Description of Form
1	Modification for Valuation of Manufacturer's or Processor's Selling Price	95151(7/07)	E	New	None	Optional	Broadens	No	The endorsement replaces Section IX. LOSS CONDITIONS, paragraph C. Valuation subparagraph 3. of the PropertyOne Form to clarify how we will handle Stock (recycled finished goods or raw materials) if there is a loss.

A = Application
D = Declarations
E = Endorsement
P = Policy
O = Other (Please explain)

Yes or No



American International Companies®

DBG Legal Services
State Filings Department
175 Water Street, 17th Floor
New York, NY 10038

September 24, 2007

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

RE: GRANITE STATE INSURANCE COMPANY
NAIC #012-23809 FEIN # 02-0140690
NEW HAMPSHIRE INSURANCE COMPANY
NAIC #012-23841 FEIN # 02-0172170
Integrated Property Insurance Solutions Program (“IPIS”)
Modification For Valuation of Manufacturer’s or Processor’s Selling Price – Form No. 95151 (7/07)
Our Filing Number: AIC-07-CP-07

Dear Commissioner Pickens:

The above-referenced companies (the “Companies”) have on file with your Department their Integrated Property Insurance Solutions Program (IPIS). The Companies submit for your review and approval, one (1) endorsement to be used with their Property Coverage Form - Form No. 64543 (12/04).

Please refer to the attached Forms Listing for information about the form included in this submission.

We wish to make this filing effective for all policies effective on or after October 26, 2007, or the earliest date permitted by your Department.

Your favorable consideration and approval are respectfully requested.

Sincerely,

Janine Graham
Filings Analyst
State Filings Department
Phone: (212) 458-7463
Fax: (212) 458-7077
Email: janine.graham@aig.com