

SERFF Tracking Number: PNMC-125292975 State: Arkansas
Filing Company: Pennsylvania National Mutual Casualty Insurance Company State Tracking Number: AR-PC-07-026098
Company Tracking Number: MMP07-058
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: AUTO AR 1007 form delay
Project Name/Number: /

Filing at a Glance

Company: Pennsylvania National Mutual Casualty Insurance Company

Product Name: AUTO AR 1007 form delay SERFF Tr Num: PNMC-125292975 State: Arkansas
TOI: 20.0 Commercial Auto SERFF Status: Closed State Tr Num: AR-PC-07-026098
Sub-TOI: 20.0003 Other Co Tr Num: MMP07-058 State Status:
Filing Type: Form Co Status: Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding
Author: Marsheelah Preston Disposition Date: 09/19/2007
Date Submitted: 09/17/2007 Disposition Status: Filed
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: Status of Filing in Domicile: Not Filed
Project Number: Domicile Status Comments:
Reference Organization: ISO Reference Number: CA-2007-OCH1
Reference Title: Arkansas Revised Changes Endorsement Approved and Available Advisory Org. Circular: LI-CA-2007-129
Filing Status Changed: 09/19/2007
State Status Changed: 09/17/2007 Deemer Date:
Corresponding Filing Tracking Number:

Filing Description:

Our company is postponing for an indefinite period the adoption of the above referenced revision filed by the Insurance Services Office to be applicable to all policies effective on and after October 1, 2007.

Our purpose in delaying the implementation of this revision is to provide us with the opportunity to further assess our position in this matter.

As soon as we have completed our market analysis, we will contact your department and will make whatever filing is necessary to implement our company's procedure.

<i>SERFF Tracking Number:</i>	<i>PNMC-125292975</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pennsylvania National Mutual Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026098</i>
<i>Company Tracking Number:</i>	<i>MMP07-058</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>AUTO AR 1007 form delay</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Your acknowledgment of this filing will be appreciated.

Company and Contact

Filing Contact Information

Marsheelah Preston, Senior Underwriting Technician	mpreston@pnat.com
2 N. Second St.	(717) 234-4941 [Phone]
Harrisburg, PA 17105-2361	(717) 255-6327[FAX]

Filing Company Information

Pennsylvania National Mutual Casualty Insurance Company	CoCode: 14990	State of Domicile: Pennsylvania
2 N. Second St.	Group Code: 271	Company Type: P&C
PO Box 2361		
Harrisburg, PA 17105-2361	Group Name: Penn National Insurance	State ID Number: 03
(717) 234-4941 ext. [Phone]	FEIN Number: 23-0961349	

Filing Fees

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

SERFF Tracking Number: PNM-125292975 State: Arkansas
Filing Company: Pennsylvania National Mutual Casualty Insurance Company State Tracking Number: AR-PC-07-026098
Company Tracking Number: MMP07-058
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: AUTO AR 1007 form delay
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Llyweyia Rawlins	09/19/2007	09/19/2007

SERFF Tracking Number: PNNC-125292975 *State:* Arkansas
Filing Company: Pennsylvania National Mutual Casualty *State Tracking Number:* AR-PC-07-026098
Insurance Company
Company Tracking Number: MMP07-058
TOI: 20.0 Commercial Auto *Sub-TOI:* 20.0003 Other
Product Name: AUTO AR 1007 form delay
Project Name/Number: /

Disposition

Disposition Date: 09/19/2007

Effective Date (New): 10/01/2007

Effective Date (Renewal):

Status: Filed

Comment: Delay adoption filed by ISO

Rate data does NOT apply to filing.

SERFF Tracking Number: PNM-125292975 State: Arkansas
Filing Company: Pennsylvania National Mutual Casualty Insurance Company State Tracking Number: AR-PC-07-026098
Company Tracking Number: MMP07-058
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: AUTO AR 1007 form delay
Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes

SERFF Tracking Number: PNNC-125292975 *State:* Arkansas
Filing Company: Pennsylvania National Mutual Casualty *State Tracking Number:* AR-PC-07-026098
Insurance Company
Company Tracking Number: MMP07-058
TOI: 20.0 Commercial Auto *Sub-TOI:* 20.0003 Other
Product Name: AUTO AR 1007 form delay
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PNM-125292975 State: Arkansas
Filing Company: Pennsylvania National Mutual Casualty State Tracking Number: AR-PC-07-026098
Insurance Company
Company Tracking Number: MMP07-058
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: AUTO AR 1007 form delay
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Filed 09/19/2007

Comments:

Attachment:

AR1007DelayTransmittal.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> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
-----------------------------------	--

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 style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" 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.)

PC TD-1 pg 2 of 2

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 #	
-----------	--	--

2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
-----------	---	--

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 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 #	
-----------	--	--

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
-----------	---	--

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

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

4a.	Rate Change by Company (As Proposed)						
------------	---	--	--	--	--	--	--

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						
------------	--	--	--	--	--	--	--

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)		
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	
-----------	--	--

7.	Effective Date of last rate revision	
-----------	--------------------------------------	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
-----------	---	--

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	