

SERFF Tracking Number: ULCC-125276307 State: Arkansas
Filing Company: Ulico Casualty Company State Tracking Number: AR-PC-07-026005
Company Tracking Number: UCC-UL-AR-07-01
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1022 Other
Product Name: Union Liability
Project Name/Number: Company Name Change/UCC-UL-AR-07-01

Filing at a Glance

Company: Ulico Casualty Company

Product Name: Union Liability

TOI: 17.1 Other Liability - Claims Made Only

Sub-TOI: 17.1022 Other

Filing Type: Form

SERFF Tr Num: ULCC-125276307 State: Arkansas

SERFF Status: Closed

Co Tr Num: UCC-UL-AR-07-01

Co Status: Approved

Author: David Christhilf

Date Submitted: 09/05/2007

State Tr Num: AR-PC-07-026005

State Status:

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Disposition Date: 09/07/2007

Disposition Status: Approved

Effective Date Requested (New): 09/15/2007

Effective Date Requested (Renewal): 09/15/2007

Effective Date (New):

Effective Date (Renewal):

General Information

Project Name: Company Name Change

Project Number: UCC-UL-AR-07-01

Reference Organization:

Reference Title:

Filing Status Changed: 09/07/2007

State Status Changed: 09/05/2007

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

We are submitting for your approval our "Change of Name Endorsement" in which the name [ULLICO Casualty Company] is replacing the name [Ulico Casualty Company]. This endorsement will apply to our Union Liability. We would like to implement this filing on new/renewal business on 9/15/2007 or the earliest date permitted by law.

Company and Contact

Filing Contact Information

David Christhilf, AVP, Actuary

1625 EYE STREET, NW

WASHINGTON, DC 20006

dchristhilf@ullico.com

(202) 682-6637 [Phone]

(202) 962-8892[FAX]

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TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1022 Other
Product Name: Union Liability
Project Name/Number: Company Name Change/UCC-UL-AR-07-01

Filing Company Information

Ulico Casualty Company
1625 EYE STREET, NW
WASHINGTON, DC 20006
(202) 682-6637 ext. [Phone]

CoCode: 37893
Group Code: 781
Group Name:
FEIN Number: 13-2988846

State of Domicile: Delaware
Company Type: Property/Casualty
State ID Number:

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: This is the fee charged by Arkansas for a form filing.
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0014001085	\$50.00	09/04/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	09/07/2007	09/07/2007

SERFF Tracking Number: *ULCC-125276307* *State:* *Arkansas*
Filing Company: *Ulico Casualty Company* *State Tracking Number:* *AR-PC-07-026005*
Company Tracking Number: *UCC-UL-AR-07-01*
TOI: *17.1 Other Liability - Claims Made Only* *Sub-TOI:* *17.1022 Other*
Product Name: *Union Liability*
Project Name/Number: *Company Name Change/UCC-UL-AR-07-01*

Disposition

Disposition Date: 09/07/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *ULCC-125276307* State: *Arkansas*
 Filing Company: *Ulico Casualty Company* State Tracking Number: *AR-PC-07-026005*
 Company Tracking Number: *UCC-UL-AR-07-01*
 TOI: *17.1 Other Liability - Claims Made Only* Sub-TOI: *17.1022 Other*
 Product Name: *Union Liability*
 Project Name/Number: *Company Name Change/UCC-UL-AR-07-01*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	CHANGE OF NAME ENDORSEMENT	Approved	Yes

SERFF Tracking Number: *ULCC-125276307* State: *Arkansas*
 Filing Company: *Ulico Casualty Company* State Tracking Number: *AR-PC-07-026005*
 Company Tracking Number: *UCC-UL-AR-07-01*
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	CHANGE OF NAME ENDORSEMENT	NC	01-2007	Endorsement/New Amendment/Conditions		0.00	Casualty Name Endorsement.pdf

CHANGE OF NAME ENDORSEMENT

This endorsement attaches to and forms a part of Policy No. [_____].

The name “ULLICO Casualty Company” is hereby substituted for the name “Ulico Casualty Company” throughout the above-referenced Policy, including any and all amendments, attachments, declarations, certificates, riders, applications or endorsements. No other change or modification to the Policy is effectuated by this endorsement.

ULLICO Casualty Company
Officer: Daniel Aronowitz
Title: President

NC (Ed. 01-07)

SERFF Tracking Number: *ULCC-125276307* *State:* *Arkansas*
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 09/07/2007

Comments:
See attached file.

Attachment:
industry_rates_PCtransDoc_intelligent.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 #:

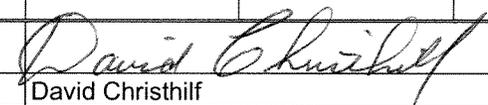
g. SERFF Filing #:

h. Subject Codes

3. Group Name	Union Labor Group				Group NAIC #	0781
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Ullico Casualty Company	Delaware	37893	13-2988846			

5. Company Tracking Number UCC-UL-AR-07-01

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	David Christhilf	AVP&Actuary	202-682-6637	202-982-8892	dchristhilf@ullico.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		David Christhilf		

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

9.	Type of Insurance (TOI)	17.1 Other Liability-Claims Made Only
10.	Sub-Type of Insurance (Sub-TOI)	17.1022 Other
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Union Liability
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 (give description)
14.	Effective Date(s) Requested	New: 9/15/2007 Renewal: 9/15/2007
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	8/30/2007
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # UCC-UL-AR-07-01

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

We are submitting for your approval our "Change of Name Endorsement" in which the name [ULLICO Casualty Company] is replacing the name [Ulico Casualty Company]. This endorsement will apply to our Union Liability. We would like to implement this filling on new/renewal business on 9/15/2007 or the earliest date permitted by law.

[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 #: 0014001085

Amount: \$50.00

This is the fee charged by Arkansas for a form filing.

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 #	UCC-UL-AR-07-01			
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	CHANGE OF NAME ENDORSEMENT	NC(01-2007)	<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