

SERFF Tracking Number: AOIC-125310656 State: Arkansas
Filing Company: Auto-Owners Insurance Company State Tracking Number: AR-PC-07-026463
Company Tracking Number: PPA-AR-99-10/03/2007-26632
TOI: 19.0 Personal Auto Sub-TOI: 19.0003 Recreational Vehicle
Product Name: Unlicensed Recreational Vehicle
Project Name/Number: ULRV/26632

Filing at a Glance

Company: Auto-Owners Insurance Company

Product Name: Unlicensed Recreational Vehicle SERFF Tr Num: AOIC-125310656 State: Arkansas

TOI: 19.0 Personal Auto SERFF Status: Closed State Tr Num: AR-PC-07-026463

Sub-TOI: 19.0003 Recreational Vehicle Co Tr Num: PPA-AR-99-10/03/2007-26632 State Status:

Filing Type: Form Co Status: In Progress Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding

Authors: Sue Holben, Claudia Stewart, Autumn Whitson Disposition Date: 01/29/2008

Date Submitted: 10/17/2007 Disposition Status: Approved

Effective Date Requested (New): On Approval Effective Date (New): 01/29/2008

Effective Date Requested (Renewal): On Approval Effective Date (Renewal):

State Filing Description:

General Information

Project Name: ULRV

Status of Filing in Domicile: Not Filed

Project Number: 26632

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 01/29/2008

State Status Changed: 10/18/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

FORM FILING: See Attached List

Submitted for your approval is the attached list of forms. We desire to use these forms with policies effective on or after November 02, 2007. Forms are submitted in final printed copy.

If you have any questions, please feel free to contact one of the following:

Manager:

SERFF Tracking Number: AOIC-125310656 State: Arkansas
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SEAN P. SMITH, MANAGER
 PERSONAL AUTOMOBILE
 SMITH.SEAN@AOINS.COM (emails without attachments)
 perslinesund@aoin.net (emails with attachments)
 517-323-8799 Ext.
 Underwriter:
 KRISTIN NARTKER
 NARTKER.KRISTIN@AOINS.COM
 (517) 323-8747

Company and Contact

Filing Contact Information

Scott Bradley, Manager
 PO Box 30660
 Lansing, MI 48909-8160
 bradley.scott@aoin.com
 (800) 346-0346 [Phone]
 (517) 391-1903[FAX]

Filing Company Information

Auto-Owners Insurance Company
 P.O. Box 30660
 Lansing, MI 48909-8160
 (800) 346-0346 ext. [Phone]
 CoCode: 18988
 Group Code: 280
 Group Name: Auto-Owners Ins Group
 FEIN Number: 38-0315280
 State of Domicile: Michigan
 Company Type: PC
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 per filing Line of Business
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$50.00	10/17/2007	16158288

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	01/29/2008	01/29/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Alexa Grissom	10/23/2007	10/23/2007			
Industry Response						

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Reply to Industry Response dated 10-23-07	Note To Reviewer	Autumn Whitson	01/23/2008	01/23/2008

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Disposition

Disposition Date: 01/29/2008
Effective Date (New): 01/29/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Recreational Vehicle Policy	Approved	Yes
Form	Recreational Vehicle Insurance Policy Jacket	Approved	Yes
Form	Arkansas Amendatory Endorsement Recreational Vehicle Policy	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/23/2007
Submitted Date 10/23/2007
Respond By Date

Dear Scott Bradley,

This will acknowledge receipt of the captioned filing. Please amend Form 26640 by replacing the word demand with request in the Arbitration Provision. Additionally, please delete the three-year time limitation for bringing suit. You may state "the time allowed by law."

Please feel free to contact me if you have questions.

Sincerely,
Alexa Grissom

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Note To Reviewer

Created By:

Autumn Whitson on 01/23/2008 12:22 PM

Subject:

Reply to Industry Response dated 10-23-07

Comments:

Dear Ms. Grissom:

Please review the revised form 26640 (05-07).

Please feel free to contact me if you have any further questions or concerns with our filing.

Sincerely,

Scott Bradley, Manager

Personal Automobile Underwriting - North

517-886-1820

Arkansas
AMENDATORY ENDORSEMENT
Recreational Vehicle Insurance Policy

It is agreed:

1. **Arbitration** is deleted.
2. **Preserve Our Right To Recover Payments** is deleted and replaced by the following:

Preserve Our Right To Recover Payments

If we make a payment under this policy and the person to or for whom payment is made has a right to recover damages from another, we will be entitled to that right to the extent of our payment after that person has been fully compensated for the loss. That person shall do everything necessary to transfer that right to us and shall do nothing to prejudice it. This does not apply to payments made under Passenger Accident Coverage.

The person to or for whom payment is made under Uninsured Motorist Coverage must hold in trust for us his rights of recovery against any legally liable person. He must do all that is proper to secure such rights and must do nothing to prejudice them. He must take any required action in his name to recover damages and reimburse us out of any proceeds to the extent of our payment.

3. Under **GENERAL PROVISIONS, Suit Against Us** is deleted and replaced by the following:

Suit Against Us

No legal action may be brought against us until there has been full compliance with all terms of this policy. Suit must be brought within the time allowed by law after the loss or damage occurs. Further, under the Liability Coverage no legal action may be brought until:

1. we agree a person entitled to coverage has an obligation to pay; or
2. the amount of that obligation has been determined by judgement after trial.

No one has any right under this policy to bring us into any action to determine the liability of any person we have agreed to protect.

Bankruptcy or insolvency of any person we have agreed to protect will not relieve us of any obligation under the terms of this policy.

All other policy terms and conditions apply.

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Recreational Vehicle Policy	26632	11-06	Policy/Coverage Replaced Form	Replaced Form #:50.10 26132 (02-80) Previous Filing #:	50.10	26632 (11-06).doc
Approved	Recreational Vehicle Insurance Policy Jacket	89061	02-07	Policy/Coverage New Form		50.60	89061 (2-07).pdf
Approved	Arkansas Amendatory Endorsement Recreational Vehicle Policy	26640	05-07	Policy/Coverage New Form		49.70	26640 (5-07).doc

SERFF Tracking Number: AOIC-125310656 *State:* Arkansas
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Attachment "26632 (11-06).doc" is not a PDF document and cannot be reproduced here.

***Recreational Vehicle
Insurance Policy***

Auto-Owners Insurance Company

POLICY NON-ASSESSABLE

This policy is non-assessable and the premium stated in the Declarations is the only premium you will be asked to pay.

PARTICIPATING

You will be entitled to an equitable participation in Company funds in excess of the amount required to pay expenses and all the losses or claims or other policy obligations incurred, together with the reserve and surplus funds required or permitted by law. A distribution will be made only in accordance with the decision of our Board of Directors acting under the insurance laws and under our charter.

NOTICE OF MEMBERSHIP AND ANNUAL MEETING

Because we are a mutual company this policy makes you a member of the Auto-Owners Insurance Company. You are entitled to vote, in person or by proxy, at all meetings. Our annual policyholder's meetings are held at our home office at Lansing, Michigan on the second Monday in May in each year at 10:00 A.M.

In witness whereof, we, the Auto-Owners Insurance Company, have caused this policy to be issued and to be duly signed by our President and Secretary.



Secretary



President

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Attachment "26640 (5-07).doc" is not a PDF document and cannot be reproduced here.

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<i>Filing Company:</i>	<i>Auto-Owners Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026463</i>
<i>Company Tracking Number:</i>	<i>PPA-AR-99-10/03/2007-26632</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0003 Recreational Vehicle</i>
<i>Product Name:</i>	<i>Unlicensed Recreational Vehicle</i>		
<i>Project Name/Number:</i>	<i>ULRV/26632</i>		

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 01/29/2008

Comments:

Attachment:

ULRV transmittal.pdf

Property & Casualty Transmittal Document (Revised 1/1/07)

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
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3. Group Name	Group NAIC #
AUTO-OWNERS INSURANCE GROUP COMPANY	280

4. Company Name(s)	Domicile	NAIC #	FEIN #
AUTO-OWNERS INSURANCE COMPANY	Michigan	280-18988	38-0315280

5. Company Tracking Number PPAAR11003200726632

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

6. Name and address	Telephone #s	FAX #	E-mail
Scott Bradley, Manager P.O. Box 30660 Lansing, MI 48909-8160	517-886-1820 800-346-0346 Ext.	517 391-1903	BRADLEY.SCOTT@AOINS.COM

7. Signature of authorized filer	
8. Please print name of authorized filer	Scott Bradley

Filing Information (see general instructions for descriptions of these fields)

9. Type of Insurance (TOI)	19.0000 Personal Auto
10. Sub-Type of Insurance (Sub-TOI)	19.0003 Recreational Vehicle
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing Title)	Personal Automobile (Recreational Vehicle)
13. Filing Type	FORM
14. Effective Date(s) Requested	November 02, 2007
15. Reference Filing?	No
16. Reference Organization (if applicable)	
17. Reference Organization #	
18. Company's Date of Filing	October 03, 2007
19. Status of filing in domicile	Michigan- Exempt

Property and Casualty Transmittal Document-

20.	This filing transmittal is part of Company Tracking #	PPAAR10910200726632
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21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]	
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FORM FILING: See Attached List

Submitted for your approval is the attached list of forms. We desire to use these forms with policies effective on or after November 02, 2007. Forms are submitted in final printed copy.

If you have any questions, please feel free to contact one of the following:

Manager:

SCOTT BRADLEY, MANAGER
PERSONAL AUTOMOBILE - NORTH
BRADLEY.SCOTT@AOINS.COM (emails without attachments)
perslinesund@aoins.net (emails with attachments)
517-886-1820 Ext.

Underwriter:

KRISTIN NARTKER
NARTKER.KRISTIN@AOINS.COM
(517) 323-8747

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 #:
Amount:
Calculation:

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.)

This page applies to the following state(s) Arkansas

1.	This filing transmittal is part of Company Tracking #	PPAAR11003200726632			
2.	This filing corresponds to rate/rule filing number				
3.	Component/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
1	Recreational Vehicle Insurance Policy	26632 (11-06)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	26132 (02-80)	
2	Arkansas Amendatory Endorsement Recreational Vehicle Insurance Policy	26640 (05-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
3	Recreational Vehicle Policy Jacket	89061 (02-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

AR-3