

SERFF Tracking Number: CLBA-125437827 State: Arkansas  
First Filing Company: Columbia National Insurance Company, ... State Tracking Number: EFT \$100  
Company Tracking Number: CIG-AL-08-F01  
TOI: 35.0 Interline Filings Sub-TOI: 35.0001 Personal Interline Filings  
Product Name: Personal Interline  
Project Name/Number: IPJ-305 (5-08) Policy Jacket/CIG-AL-08-F01

## Filing at a Glance

Companies: Columbia National Insurance Company, Columbia Mutual Insurance Company

Product Name: Personal Interline	SERFF Tr Num: CLBA-125437827	State: Arkansas
TOI: 35.0 Interline Filings	SERFF Status: Closed	State Tr Num: EFT \$100
Sub-TOI: 35.0001 Personal Interline Filings	Co Tr Num: CIG-AL-08-F01	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding
	Authors: Dennis McVay, Christina Walker, DeeDee Williams	Disposition Date: 01/23/2008
	Date Submitted: 01/22/2008	Disposition Status: Approved
Effective Date Requested (New): 05/01/2008		Effective Date (New): 05/01/2008
Effective Date Requested (Renewal): 05/01/2008		Effective Date (Renewal): 05/01/2008

State Filing Description:

## General Information

Project Name: IPJ-305 (5-08) Policy Jacket	Status of Filing in Domicile: Pending
Project Number: CIG-AL-08-F01	Domicile Status Comments:
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 01/23/2008	
State Status Changed: 01/23/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

We are filing revised company form IPJ-305 (5-08) Policy Jacket, which we propose to use in all filed personal lines of business listed below. This form replaces the currently filed and approved IPJ-305 (12-01) Policy Jacket. Please note we have merely changed the Secretary's signature on our policy jacket.

Personal Auto

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Homeowners  
 Dwelling  
 Personal Inland Marine  
 Personal Umbrella  
 Farmowners  
 Farm Properties  
 Farm Liability  
 Farm Umbrella

## Company and Contact

### Filing Contact Information

DeeDee Williams, Asst. Analyst      dwilliams@colinsgrp.com  
 2102 White Gate Drive      (573) 474-6193 [Phone]  
 Columbia, MO 65205      (800) 836-5713[FAX]

### Filing Company Information

Columbia National Insurance Company	CoCode: 19640	State of Domicile: Nebraska
2102 White Gate Drive	Group Code: 807	Company Type: Stock
P O Box 618		
Columbia, MO 65205	Group Name: Columbia Insurance Group	State ID Number: 03
(573) 474-6193 ext. [Phone]	FEIN Number: 47-0685688	
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Columbia Mutual Insurance Company	CoCode: 40371	State of Domicile: Missouri
2102 White Gate Drive	Group Code: 807	Company Type: Mutual
P O Box 618		
Columbia, MO 65205	Group Name: Columbia Insurance Group	State ID Number: 03
(573) 474-6193 ext. [Phone]	FEIN Number: 43-0790393	
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## Filing Fees

Fee Required?      Yes

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**Fee Amount:** \$100.00  
**Retaliatory?** No  
**Fee Explanation:** \$50.00 for Columbia Mutual Ins. Co.  
\$50.00 for Columbia National Ins. Co.  
**Per Company:** No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Columbia National Insurance Company	\$0.00	01/22/2008	
Columbia Mutual Insurance Company	\$100.00	01/22/2008	17605807

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	01/23/2008	01/23/2008

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## Disposition

Disposition Date: 01/23/2008  
Effective Date (New): 05/01/2008  
Effective Date (Renewal): 05/01/2008  
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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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form</b>	Policy Jacket	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Policy Jacket	IPJ-305	5-08	Other	Replaced	Replaced Form #:0.00 IPJ-305 (12-01) Previous Filing #:		IPJ-305 (5-08).pdf



Home Office  
2102 White Gate Drive  
P.O. Box 618  
Columbia, Missouri 65205  
(573) 474-6193

SMITH, JOHN  
000 SMITH AVE  
ANYCITY XX 99999

## YOUR INSURANCE POLICY

Coverage afforded by this policy is provided by the Company named in the Declarations

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### *Pledge of Service and Satisfaction*

The protection you have in this policy has been personally designed for your insurance needs.

Behind the policy stands not only the reputation of your Agent, but the integrity of a strong and experienced Company—both pledged to serve you.

If you should have any questions regarding coverage afforded by this policy, claims of any kind or questions concerning your other insurance needs, do not hesitate to call your Agent immediately.

We appreciate the confidence you have placed in us.

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THIS POLICY JACKET WITH THE POLICY FORMS, DECLARATIONS PAGE AND ENDORSEMENTS,  
IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE POLICY.

**The following applies only if this policy is issued by one of the mutual insurance companies named below:**

**MEMBERSHIP AND VOTING NOTICE:** By virtue of this policy, the Insured is a member of the issuing company named in the Declarations and is entitled to vote either in person or by proxy at any and all meetings of members of said Company.

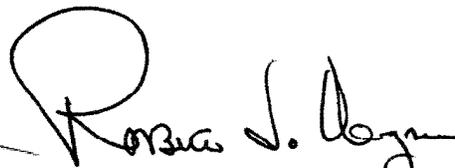
The annual meetings for the Columbia Mutual Insurance Company are held at its Home Office at Columbia, Missouri on the first Friday after the first Saturday in March at 10:00 A.M.

The annual meetings for the Citizens Mutual Insurance Company are held at its Home Office at Jackson, Missouri on the first Friday after the first Saturday in March at 11:00 A.M., or at such other place as may be designated by the Board of Directors.

**PARTICIPATION CLAUSE WITHOUT CONTINGENT LIABILITY:** No Contingent Liability: This policy is nonassessable. The policyholder is a member of the company and shall participate, to the extent and upon the conditions fixed and determined by the Board of Directors in accordance with the provisions of law, in the distribution of dividends so fixed and determined.

**In Witness Whereof**, the Company has executed and attested these presents; but this policy shall not be valid unless countersigned by the duly authorized representative of this Company.

  
Secretary

  
Robert J. Doyne  
President

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## Supporting Document Schedules

		Review Status:	
<b>Bypassed -Name:</b>	Uniform Transmittal Document- Property & Casualty	Approved	01/23/2008
<b>Bypass Reason:</b>	Please see the General Information and Form Schedule tabs.		
<b>Comments:</b>			