

SERFF Tracking Number: PERR-125390527 State: Arkansas
Filing Company: Stonington Insurance Company State Tracking Number: #101573 \$50
Company Tracking Number: SIC-CA-SG-AR-07-06-F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: SIC-CA-SG-AR-07-06-F
Project Name/Number: SIC-CA-SG-AR-07-06-F/SIC-CA-SG-AR-07-06-F

Filing at a Glance

Company: Stonington Insurance Company

Product Name: SIC-CA-SG-AR-07-06-F

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0001 Business Auto

Filing Type: Form

Effective Date Requested (New): 02/01/2008

Effective Date Requested (Renewal):

State Filing Description:

SERFF Tr Num: PERR-125390527 State: Arkansas

SERFF Status: Closed State Tr Num: #101573 \$50

Co Tr Num: SIC-CA-SG-AR-07-06-F State Status: Fees verified and received

Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Authors: Faviola Jimenez, Lois Pimentel Disposition Date: 01/03/2008

Date Submitted: 12/20/2007 Disposition Status: Approved

Effective Date (New): 02/01/2008

Effective Date (Renewal):

General Information

Project Name: SIC-CA-SG-AR-07-06-F

Project Number: SIC-CA-SG-AR-07-06-F

Reference Organization:

Reference Title:

Filing Status Changed: 01/03/2008

State Status Changed: 01/03/2008

Corresponding Filing Tracking Number:

Filing Description:

On behalf of Stonington Insurance Company (the "Company"), we are filing forms that shall be applicable to the General Risks Program in your jurisdiction.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

These forms were promulgated by Uniform Information Systems/CCH/Wolters Kluwer Financial Services. They have been submitted to the various jurisdictions and found acceptable however individual company filing is required.

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The Company has prepared the forms contained within. Also enclosed is an authorization for Perr&Knight to file on the Company's behalf. All correspondence should be sent to us and we will forward on to the appropriate Company contact.

We respectfully request this filing to be effective on February 1, 2008.

Company and Contact

Filing Contact Information

(This filing was made by a third party - perrandknightactuaryconsultants)

Lois Pimentel, State Filings Project Coordinator doi@perrknight.com
 Perr&Knight (888) 201-5123 [Phone]
 Pacific Palisades, CA 90272 (310) 230-8529[FAX]

Filing Company Information

Stonington Insurance Company CoCode: 10340 State of Domicile: Texas
 5080 Spectrum Dr. Suite 900 East Group Code: 1331 Company Type: Insurance
 Addison, TX 75001 Group Name: Glencoe US State ID Number:
 Holdings, Inc
 (888) 201-5123 ext. 109[Phone] FEIN Number: 57-0338686

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Stonington Insurance Company	\$0.00	12/20/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
101573	\$50.00	12/17/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/03/2008	01/03/2008

SERFF Tracking Number: *PERR-125390527* *State:* *Arkansas*
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Disposition

Disposition Date: 01/03/2008

Effective Date (New): 02/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125390527 *State:* Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Letter of Authorization	Approved	Yes
Form	Rejection of Uninsured and Underinsured Motorists Coverage and Offer of Increased Uninsured Limits	Approved	Yes

SERFF Tracking Number: PERR-125390527 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Rejection of Uninsured and Underinsured Motorists Coverage and Offer of Increased Uninsured Limits	UA 127d (7-05)	07-05	Election/Re New jection/Sup plemental Application s		0.00	AR.pdf

Premium Adjustment (if any)

\$

REJECTION OF UNINSURED AND UNDERINSURED MOTORISTS COVERAGES, AND OFFER OF INCREASED UNINSURED LIMITS (ARKANSAS)

I. UNINSURED MOTORISTS COVERAGE

Under Arkansas Insurance Laws (Section 23-89-403 of the Arkansas Code), Uninsured Motorists Coverage provides insurance for the protection of persons insured thereunder who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of **bodily injury**, sickness or disease, including death, resulting therefrom.

Uninsured Motorists Coverage (Sections 23-89-404) also provides insurance for the protection of persons insured thereunder for **property damage** to the insured for losses in excess of two hundred dollars (\$200). "Property damage" means damage to the insured's vehicle, plus a reasonable allowance for loss of use of the vehicle.

Under the law (Section 27-19-605), the minimum limits for Uninsured Motorists Coverage are:

- at least \$25,000 of coverage of bodily injury/death for each insured person who may be injured in any single accident, and
- at least \$50,000 of coverage of bodily injury/death for two or more insured people who may be injured in any single accident, and
- at least \$25,000 of coverage of property damage in any single accident.

A. Offer of Increased Limits

Under Arkansas Insurance Laws (Section 23-89-403 of the Arkansas Code), if you choose **not** to reject Uninsured Motorists Coverage, you, the insured named in the policy, have the right to purchase uninsured motorists coverage in limits up to the limits of third-party liability coverage you will carry under your automobile insurance policy. Alternatively, the law also permits you to reject any offered increased limits.

Offer of Increased Limits of Coverage			Amount of Increased Premium (if any)	
\$25,000	/	\$50,000	/	\$25,000
	/		/	
	/		/	
	/		/	
	/		/	
	/		/	
	/		/	

In accordance with the above-mentioned Arkansas Insurance Laws, the undersigned insured (and each of them)—

(Applicable item marked "X")

- agrees to purchase increased limits of Uninsured Motorists Coverage.
 If you marked this box, then you must specify the limits which you desire. These limits cannot exceed your third-party liability coverage.
 I select: _____ / _____ / _____
- agrees that the offer of any and all increased limits of Uninsured Motorists Coverage is REJECTED.

B. Rejection

The law permits you, the insured named in the policy, to reject the Uninsured Motorists Coverage in its entirety or to reject the property damage only portion of the Uninsured Motorists Coverage. The law requires that if you **do not** reject Uninsured Motorists Coverage for **bodily injury**, the insurer will **automatically** provide you with this coverage in the minimum limits prescribed by law.

You may **not** reject Uninsured Motorists Coverage if increased limits of Uninsured Motorists Coverage is selected above.

In accordance with the above-mentioned Arkansas Insurance Laws, the undersigned insured (and each of them)—

(Applicable item marked "X" insureds that have purchased third-party liability coverage in excess of the minimums will need to check the first two boxes to reject Uninsured Motorists Coverage in its entirety)

- has purchased third-party liability coverage greater than the minimums provided in 27-19-605, and agrees that the Uninsured Motorists Coverage in an amount equal to the third-party liability coverage purchased is REJECTED.
- agrees that the Uninsured Motorists Coverage is REJECTED. The Uninsured Motorists Coverage offered is completely removed and deleted from the policy.
- agrees that the property damage only portion of the Uninsured Motorists Coverage is REJECTED. The property damage only portion of the Uninsured Motorists Coverage offered is completely removed and deleted from the policy.

II. REJECTION OF UNDERINSURED MOTORISTS COVERAGE

Under Arkansas Insurance Laws (Sections 23-89-209), Underinsured Motorists Coverage enables the insured or his/her legal representative to recover from the insurer the amount of damages for bodily injury or death to which the insured is legally entitled from the owner or operator of another vehicle whenever the liability insurance limits of such other owner/operator are less than the amount of the damages incurred by the insured. Coverage shall not be reduced by the other party's insurance coverage except to the extent that the injured party would receive compensation in excess of his/her damages.

Underinsured Motorists Coverage is available **only if** Uninsured Motorists Coverage is **not** rejected above.

The law permits you, the insured named in the policy, to reject Underinsured Motorists Coverage.

In accordance with the above-mentioned Arkansas Insurance Laws, the undersigned insured (and each of them)—

(Applicable item marked "X")

- agrees that the Underinsured Motorists Coverage is REJECTED. The Underinsured Motorists Coverage offered is completely removed and deleted from the policy. This coverage **MUST** be deleted if Uninsured Motorists Coverage is deleted.

SIGNATURE OF INSURED

SIGNATURE OF INSURED

TYPE OR PRINT NAME

TYPE OR PRINT NAME

DATE

DATE

POLICY NUMBER (IF KNOWN)

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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 01/03/2008

Comments:

Attachments:

2007 NAIC FFS.pdf
2007 NAIC PCTD.pdf

Satisfied -Name: Letter of Authorization **Review Status:** Approved 01/03/2008

Comments:

Attachment:

Authorization Letter 20070101 P&K.pdf

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 #	SIC-CA-SG-AR-07-06-F			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
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	Rejection of Uninsured and Underinsured Motorists Coverage and Offer of Increased Uninsured Limits	UA 127d (7-05)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
02					
03					
04					
05					
06					
07					
08					
09					
10					

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">a. Date the filing is received:</td></tr> <tr><td colspan="2">b. Analyst:</td></tr> <tr><td colspan="2">c. Disposition:</td></tr> <tr><td colspan="2">d. Date of disposition of the filing:</td></tr> <tr><td colspan="2">e. Effective date of filing:</td></tr> <tr> <td style="text-align: center;">New Business</td> <td style="width: 50px;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> <tr><td colspan="2">f. State Filing #:</td></tr> <tr><td colspan="2">g. SERFF Filing #:</td></tr> <tr> <td>h. Subject Codes</td> <td></td> </tr> </table>	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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h. Subject Codes																					

3. Group Name	Group NAIC #
Glencoe US Holdings, Inc	1331

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Stonington Insurance Company	Texas	10340	57-0338686	

5. Company Tracking Number	SIC-CA-SG-AR-07-06-F
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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
	Lois Pimentel 881 Alma Real Dr. Ste 205 Pacific Palisades, CA 90272	Filing Analyst III	(888)201-5123 ext. 162	310.230.8529	doi@perrknight.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Lois Pimentel

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

9. Type of Insurance (TOI)	20.0 Commercial Auto
10. Sub-Type of Insurance (Sub-TOI)	20.0001 Business Auto
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	General Risks
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: February 1, 2008 Renewal:
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	December 17, 2007
19. Status of filing in domicile	<input checked="" 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 #	SIC-CA-SG-AR-07-06-F
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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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On behalf of Stonington Insurance Company (the "Company"), we are filing forms that shall be applicable to the General Risks Program in your jurisdiction.

These forms were promulgated by Uniform Information Systems/CCH/Wolters Kluwer Financial Services. They have been submitted to the various jurisdictions and found acceptable however individual company filing is required.

The Company has prepared the forms contained within. Also enclosed is an authorization for Perr&Knight to file on the Company's behalf. All correspondence should be sent to us and we will forward on to the appropriate Company contact.

We respectfully request this filing to be effective on February 1, 2008.

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 #: 101573
Amount: \$50.00

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.)**

Walter J. Kozuch
Vice President – Technical Services
Stonington Insurance Company
Stonington Lloyds Insurance

January 1, 2007

Stonington Insurance Company
NAIC Company Code 10340

To Whom It May Concern:

Perr&Knight, Inc. is hereby authorized to submit rate, rule, form filings on behalf of Stonington Insurance Company. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed in be in effect until rescinded in writing.

Please direct all correspondences and inquiries related to this filing to Perr&Knight, Inc. at the following address:

Perr&Knight, Inc.
881 Alma Real Drive, Suite 205
Pacific Palisades, CA 90272
Tel: (310) 230-9339
Fax: (310) 230-1061

Please contact me at (972) 664-7105 if you have any questions regarding this authorization.

Sincerely,



Walter J. Kozuch
Vice President – Technical Services

Stonington Insurance Company
Stonington Lloyds Insurance
5080 Spectrum Drive, Suite 900 East · Addison, Texas 75001
Tel: 972-664-7105 · Fax: 972-994-9746 · wkozuch@stoningtonins.com