

SERFF Tracking Number: HRLV-125851833 State: Arkansas  
First Filing Company: Harleysville Insurance Company, ... State Tracking Number: EFT \$25  
Company Tracking Number: BOPMH100708-1  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners  
Liability  
Product Name: Arkansas Revised Changes Endorsement  
Project Name/Number: BOP/

## Filing at a Glance

Companies: Harleysville Insurance Company, Harleysville Mutual Insurance Company, Harleysville Preferred Insurance Company, Harleysville Worcester Insurance Company

Product Name: Arkansas Revised Changes Endorsement SERFF Tr Num: HRLV-125851833 State: Arkansas

TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$25

Sub-TOI: 05.0002 Businessowners Co Tr Num: BOPMH100708-1 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins

Author: Michelle Hanson Disposition Date: 10/13/2008

Date Submitted: 10/10/2008 Disposition Status: Approved

Effective Date Requested (New): 02/01/2009 Effective Date (New): 02/01/2009

Effective Date Requested (Renewal): 02/01/2009 Effective Date (Renewal): 02/01/2009

State Filing Description:

## General Information

Project Name: BOP

Project Number:

Reference Organization: ISO

Reference Title:

Filing Status Changed: 10/13/2008

State Status Changed: 10/13/2008

Corresponding Filing Tracking Number:

Filing Description:

Insurance Services Office, Inc. announced approval of Arkansas Revised Changes Endorsement with a written date of February 1, 2009.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number: BP-2008-OCH1

Advisory Org. Circular:

Deemer Date:

SERFF Tracking Number: HRLV-125851833 State: Arkansas  
 First Filing Company: Harleysville Insurance Company, ... State Tracking Number: EFT \$25  
 Company Tracking Number: BOPMH100708-1  
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners  
 Liability  
 Product Name: Arkansas Revised Changes Endorsement  
 Project Name/Number: BOP/

Harleysville Insurance wishes to implement this revision with the following rule of application:

These changes shall be applicable to all policies effective on or after February 1, 2009.

## Company and Contact

### Filing Contact Information

Michelle Hanson, Senior State Filing Analyst mhanson@harleysvillegroup.com  
 355 Maple Ave (215) 256-5104 [Phone]  
 Harleysville, PA 19438-2297 (215) 256-5678[FAX]

### Filing Company Information

Harleysville Insurance Company	CoCode: 23582	State of Domicile: Pennsylvania
355 Maple Avenue	Group Code: 253	Company Type:
Harleysville, PA 19438	Group Name:	State ID Number:
(215) 256-5000 ext. [Phone]	FEIN Number: 41-0417250	

-----

Harleysville Mutual Insurance Company	CoCode: 14168	State of Domicile: Pennsylvania
355 Maple Avenue	Group Code: 253	Company Type:
Harleysville, PA 19438	Group Name:	State ID Number:
(215) 256-5000 ext. [Phone]	FEIN Number: 23-0902325	

-----

Harleysville Preferred Insurance Company	CoCode: 35696	State of Domicile: Pennsylvania
355 Maple Avenue	Group Code: 253	Company Type:
Harleysville, PA 19438	Group Name:	State ID Number:
(215) 256-5000 ext. [Phone]	FEIN Number: 23-2384978	

-----

Harleysville Worcester Insurance Company	CoCode: 26182	State of Domicile: Pennsylvania
355 Maple Avenue	Group Code: 253	Company Type:
Harleysville, PA 19438	Group Name:	State ID Number:
(215) 256-5000 ext. [Phone]	FEIN Number: 04-1989660	

-----

## Filing Fees

*SERFF Tracking Number:*     *HRLV-125851833*                             *State:*                             *Arkansas*  
*First Filing Company:*     *Harleysville Insurance Company, ...*             *State Tracking Number:*     *EFT \$25*  
*Company Tracking Number:*   *BOPMH100708-1*  
*TOI:*                             *05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI:*             *05.0002 Businessowners*  
  *Liability*  
*Product Name:*             *Arkansas Revised Changes Endorsement*  
*Project Name/Number:*     *BOP/*

**Fee Required?**             **Yes**  
**Fee Amount:**             **\$25.00**  
**Retaliatory?**             **No**  
**Fee Explanation:**  
**Per Company:**           **No**

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Harleysville Insurance Company	\$25.00	10/10/2008	23113342
Harleysville Mutual Insurance Company	\$0.00	10/10/2008	
Harleysville Preferred Insurance Company	\$0.00	10/10/2008	
Harleysville Worcester Insurance Company	\$0.00	10/10/2008	

SERFF Tracking Number: HRLV-125851833 State: Arkansas  
First Filing Company: Harleysville Insurance Company, ... State Tracking Number: EFT \$25  
Company Tracking Number: BOPMH100708-1  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners  
Liability  
Product Name: Arkansas Revised Changes Endorsement  
Project Name/Number: BOP/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/13/2008	10/13/2008

SERFF Tracking Number: HRLV-125851833 State: Arkansas  
First Filing Company: Harleysville Insurance Company, ... State Tracking Number: EFT \$25  
Company Tracking Number: BOPMH100708-1  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners  
Liability  
Product Name: Arkansas Revised Changes Endorsement  
Project Name/Number: BOP/

## Disposition

Disposition Date: 10/13/2008  
Effective Date (New): 02/01/2009  
Effective Date (Renewal): 02/01/2009  
Status: Approved  
Comment: Filing to adopt ISO Filings: BP-2008-OCH1

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

SERFF Tracking Number: HRLV-125851833 State: Arkansas  
First Filing Company: Harleysville Insurance Company, ... State Tracking Number: EFT \$25  
Company Tracking Number: BOPMH100708-1  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners  
Liability  
Product Name: Arkansas Revised Changes Endorsement  
Project Name/Number: BOP/

<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



SERFF Tracking Number: HRLV-125851833 State: Arkansas  
First Filing Company: Harleysville Insurance Company, ... State Tracking Number: EFT \$25  
Company Tracking Number: BOPMH100708-1  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners  
Liability  
Product Name: Arkansas Revised Changes Endorsement  
Project Name/Number: BOP/

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 10/13/2008

**Comments:**

**Attachments:**

AR BOP revised chgs adopt 1833.pdf  
AR Transmittal 1833.pdf

**HARLEYSVILLE INSURANCE**  
**355 Maple Avenue**  
**Harleysville, PA 19438-2297**  
**www.harleysvillegroup.com**

October 10, 2008

Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

**NAIC #23582, 26182, 35696, 14168**  
**Commercial Auto**  
ISO Filings: BP-2008-OCH1  
Our Company File # 125851833

Dear Honorable Bowman:

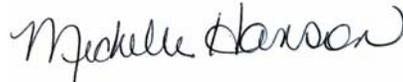
Insurance Services Office, Inc. announced approval of Arkansas Revised Changes Endorsement with a written date of February 1, 2009.

Harleysville Insurance wishes to implement this revision with the following rule of application:

These changes shall be applicable to all policies effective on or after February 1, 2009.

Your favorable consideration will be appreciated.

Very truly yours,  
Harleysville Worcester Insurance Company  
Harleysville Insurance Company  
Harleysville Mutual Insurance Company  
Harleysville Preferred Insurance Company



Michelle Hanson, AU  
Senior State Filing Analyst  
(800) 523-6344, ext. 5104  
[mhanson@harleysvillegroup.com](mailto:mhanson@harleysvillegroup.com)

## Property & Casualty Transmittal Document

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

<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Harleysville Mutual Insurance Company	PA	14168	23-0902325	
Harleysville Insurance Company	PA	23582	41-0417250	
Harleysville Preferred Insurance Company	PA	35696	23-2384978	
Harleysville Worcester Insurance Company	PA	26182	04-1989660	

<b>5. Company Tracking Number</b>	125851833
-----------------------------------	-----------

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Michelle Hanson 355 Maple Avenue Harleysville, PA 19438	Senior State Filing Analyst	800-523-6344 ext. 5104	215-256-5678	mhanson@harleysvillegroup.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Michelle Hanson		

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

<b>9.</b>	Type of Insurance (TOI)	Business Owners		
<b>10.</b>	Sub-Type of Insurance (Sub-TOI)	StarAdvantage Business Owners		
<b>11.</b>	State Specific Product code(s)(if applicable)[See State Specific Requirements]			
<b>12.</b>	Company Program Title (Marketing title)			
<b>13.</b>	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)		
<b>14.</b>	Effective Date(s) Requested	New: 2-1-09	Renewal: 2-1-09	

