

SERFF Tracking Number: NTNL-125841049 State: Arkansas
Filing Company: National Interstate Insurance Company State Tracking Number: #? \$100
Company Tracking Number: AR-CA-1008-01
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: AR Commercial Auto Daily Rental Car Program
Project Name/Number: AR Commercial Auto Daily Rental Car Program Rates/Rules/AR-CA-1008-01

Filing at a Glance

Company: National Interstate Insurance Company

Product Name: AR Commercial Auto Daily SERFF Tr Num: NTNL-125841049 State: Arkansas

Rental Car Program

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: #? \$100

Sub-TOI: 20.0003 Other

Co Tr Num: AR-CA-1008-01

State Status: Fees verified

Filing Type: Rate/Rule

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: Kathy Juhasz

Disposition Date: 10/02/2008

Date Submitted: 10/01/2008

Disposition Status: Exempt from
Review

Effective Date Requested (New): 11/01/2008

Effective Date (New): 11/01/2008

Effective Date Requested (Renewal): 11/01/2008

Effective Date (Renewal):
11/01/2008

State Filing Description:

General Information

Project Name: AR Commercial Auto Daily Rental Car Program
Rates/Rules

Status of Filing in Domicile: Pending

Project Number: AR-CA-1008-01

Domicile Status Comments:

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 10/02/2008

State Status Changed: 10/02/2008

Deemer Date:

Corresponding Filing Tracking Number: AR-CA-0806-01FM

Filing Description:

Please find enclosed our rate and rule filing for a new daily rental car program. We have been presented the opportunity to write an existing book of daily rental business through a managing general agency that they currently write through another carrier that they would like to place with us.

Enclosed are the rates and rating plans that we would like to use with this program. The rates, schedule rating, and

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experience rating plans are the same as those on file with your department by Lincoln General Insurance Company who previously wrote this business through the same MGA. This will allow the MGA to maintain their current accounts without any affect on the insureds rates. These rates and rating plans will replace currently available ISO loss costs available through the Commercial Lines Manual.

In addition to the enclosed rates and rating plans we will use our filed ISO commercial auto manual, all available ISO forms, and any forms already approved for National Interstate Insurance Company's use in the state to underwrite this program. The corresponding form filing was filed and approved, our file number AR-CA-0806-01FM.

Company and Contact

Filing Contact Information

Kathy Juhasz, Regulatory Compliance Specialist
 kathy.juhasz@natl.com
 3250 Interstate Drive (330) 659-8900 [Phone]
 Richfield, OH 44286 (330) 659-8901[FAX]

Filing Company Information

National Interstate Insurance Company CoCode: 32620 State of Domicile: Ohio
 3250 Interstate Drive Group Code: 84 Company Type: P&C
 Richfield, OH 44286 Group Name: State ID Number:
 (330) 659-8900 ext. [Phone] FEIN Number: 34-1607395

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Interstate Insurance Company	\$0.00	10/01/2008	

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CHECK NUMBER	CHECK AMOUNT	CHECK DATE
8139310	\$100.00	09/30/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Exempt from Review	Llyweyia Rawlins	10/02/2008	10/02/2008

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Disposition

Disposition Date: 10/02/2008

Effective Date (New): 11/01/2008

Effective Date (Renewal): 11/01/2008

Status: Exempt from Review

Comment: This filing is contingent on receiving the filing fees the company indicates in the filing that they have sent.

This line is exempt from filing rates/rules in compliance with ACA 23-67-206 which states that P&C insurance for commercial risks, excluding workers' compensation, employers' liability and professional liability insurance, including but not limited to, medical malpractice insurance, are exempted from the rate/rule filing and review requirements.

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
National Interstate Insurance Company	%	\$		\$	%	%	%

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter	Accepted for Informational Purposes	Yes
Supporting Document	Property & Casualty Transmittals	Accepted for Informational Purposes	Yes
Rate	Rates	Accepted for Informational Purposes	Yes
Rate	Rule 75	Accepted for Informational Purposes	Yes
Rate	Experience Rating Plan	Accepted for Informational Purposes	Yes
Rate	Schedule Rating Plan	Accepted for Informational Purposes	Yes

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Rate Information

Rate data applies to filing.

Filing Method: File and Use
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: Neutral
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
National Interstate Insurance Company	%	%				%	%

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Accepted for Informational Purposes	Rates	Rates (07/08)	New	AR CA 1008-01 Rates.pdf
Accepted for Informational Purposes	Rule 75	RU-75-1	New	AR CA 1008-01 Rule 75.pdf
Accepted for Informational Purposes	Experience Rating Plan	GM-EXP (07/08)	New	AR CA 1008-01 experience.pdf
Accepted for Informational Purposes	Schedule Rating Plan	GM-SCH (07/08)	New	AR CA 1008-01 schedule rating.pdf

ARKANSAS

Daily Rental Program

Monthly Rates Per Car

	Combined Single Limit Liability (000)						Split Lmt (000)
	75	100	300	350	500	1000	100/300/50
Entire State	26.00	28.00	35.00	36.00	38.00	40.00	30.00

	Personal Injury Protection		
	\$5000 Medical Expense	Accidental Death	Work Loss
Entire State	3.00	0.25	0.50

	Uninsured Motorists (000)						Split Lmt (000)
	50	100	300	350	500	1000	100/300
Entire State	1.25	1.50	1.75	1.75	2.00	2.25	1.75

	Uninsured/Underinsured Motorists (000)						Split Lmt (000)
	50	100	300	350	500	1000	100/300
Entire State	1.75	2.75	4.75	4.50	5.00	5.50	4.00

	Comprehensive				Collision			
	500	1000	2500	5000	500	1000	2500	5000
Entire State	6.25	5.00	3.75	2.50	25.00	20.00	15.00	10.00

For vehicles other than cars, apply the appropriate factor to the above rates for each coverage.

<u>Vehicle type</u>	<u>Factor</u>
Truck up to 16,000 lbs. GVW	1.00
Trucks from 16,001 lbs. GVW to 25,000 lbs. GVW and "c class" motorhomes up to 28 feet in length	1.25
Trucks over 25,000 lbs. GVW and motorhomes over 28 feet in length	1.50
Trailers (including campers used with pickups)	0.25

COMMERCIAL LINES MANUAL
DIVISION ONE
AUTOMOBILE

RULE 75. LEASING OR RENTAL CONCERNS

Paragraph **B. Premium Computation**, items **1.b.**, and **3** are replaced in their entirety by the following.

B. Premium Computation

When computing the premiums, use the territory where the auto is principally garaged.

1. Specified Vehicle Basis

b. Short Term – Vehicles by the Hour, Day or Week

All vehicles – Refer to the National Interstate Daily Rental state rate pages for liability, medical payments, uninsured/underinsured motorist and physical damage coverage rates.

When the policy is written on a scheduled basis, use Newly Acquired Vehicle Endorsement – Scheduled **GM 03 01**. Use Composite Rate Endorsement – Scheduled **GM 12 02** to show the estimated annual premium for those vehicle scheduled at inception.

When the policy is written on a reporting basis, use Newly Acquired Vehicle Endorsement – Reported **GM 04 01**. Use Composite Rate Endorsement – Reported **GM 11 02** to show the estimated annual premium for those vehicle reported at inception. Use Specified Physical Damage Coverage Endorsement **GM 05 01** to indicate that physical damage is only applied to those vehicles that are reported to the insurer by the insured.

3. Conversion, Embezzlement or Secretion Coverage

Use Leasing or Rental Concerns – Conversion, Embezzlement or Secretion Coverage Endorsement **CA 20 10** to exclude under comprehensive and specified causes of loss coverage's for theft, conversion, embezzlement or secretion.

The following is added to Paragraph **B. Premium Computation**, item **2. c.**:

- (6) Use Composite Rate Endorsement – Gross Receipts **GM 13 01** to provide coverage on a gross receipts basis.

The following is added to Paragraph **B. Premium Computation**;

C. Additional Forms

1. Conformity to Statute, Procedure or Rule Endorsement **GM 01 01** is mandatory and used to indicate that if any provision of the policy conflicts with any state statute that the policy is amended to comply with those statutes.
2. Business Auto Coverage Form Endorsement **GM 07 01** is mandatory and amends the ISO business auto policy so that it is tailored for rental vehicle business.
3. To list a Corporate Franchise as an additional insured to an independently owned agency at no charge use Additional Insured – Grantor of Franchise **GM 08 01**.

**EXPERIENCE RATING PLAN
DAILY RENTAL BUSINESS ONLY**

A. Experience Rating

For policies of five or more motor vehicles, the premium(s) may be modified according to the loss experience of the risk. The applicable modification shall be determined from the EXPERIENCE RATING TABLE as follows:

1. Calculate the Loss Ratio for the Experience Period using hard copy loss runs (required) by dividing Incurred Losses by Earned Premium. For the purposes of this calculation, Incurred Losses shall include claims and adjusting expenses paid and outstanding.
2. The applicable Experience Modification can then be read from the Table where the calculated Loss Ratio and total Written Premium for the Experience Period intersect.

The Experience Period shall consist of the first nine months of the expiring policy year and the two previous years. If not all of this data is available, the following may be acceptable:

- a. the first nine months of the expiring policy and the previous year if available, or
- b. the first nine months of the expiring policy only

EXPERIENCE RATING TABLE				
Loss Ratio %	Written Premium Volume for the Experience Period			
	15,000 or Less	15,001 to 50,000	50,001 to 100,000	Over 100,000
0 to 10	.79	.72	.65	.58
10.01 to 15	.82	.76	.70	.64
15.01 to 20	.85	.80	.75	.70
20.01 to 25	.88	.84	.80	.76
25.01 to 30	.91	.88	.85	.82
30.01 to 35	.94	.92	.90	.88
35.01 to 40	.97	.96	.95	.94
40.01 to 60	1.00	1.00	1.00	1.00
60.01 to 65	1.05	1.06	1.08	1.10
65.01 to 70	1.10	1.12	1.16	1.20
Over 70	1.15	1.18	1.24	1.30

SCHEDULE RATING PLAN
DAILY RENTAL BUSINESS ONLY

I Eligibility

This plan may be applied whenever a policy develops a total premium of \$500 or more before application of this plan.

as are not fully reflected in the basic premium or rates. These modifications contemplate the standard allowance for expenses. If the expenses are less than standard, such modification, if a credit, shall be increased, or if a debit, shall be decreased by the amount of reduction in expenses. The total credits or debits under the following table may not exceed 25%.

II Rating Procedure

The following modifications may be applied to recognize such special characteristics of the risk

<u>Risk Characteristics</u>	<u>Range of Modifications</u>		
	<u>Credit</u>		<u>Debit</u>
1. Management - cooperation in all matters pertaining to insurance coverages.....	10%	to	10%
2. Location - accessibility and environment.....	10%	to	10%
3. Building Features - age, condition, and unusual structural features.....	10%	to	10%
4. Premises and Equipment - care, condition and type.....	10%	to	10%
5. Employees - selection, training, supervision, and experience.....	10%	to	10%
6. Protection - not otherwise recognized (Including dispersion or concentration of property insured).....	10%	to	10%
7. Safety Program and/or other safety practices.....	10%	to	10%
8. Insurance Replacement	10%	to	10%
9. Cash Rentals	5%	to	5%
10. Years in Business at Same Location	5%	to	5%

III Special Conditions

Other than Retrospective Rating, this Plan shall be applied after the application of all other rating procedures.

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Supporting Document Schedules

Satisfied -Name: Cover Letter **Review Status:** Accepted for Informational Purposes 10/02/2008

Comments:
Cover letter attached.

Attachment:
AR CA 1008-01 letter.pdf

Satisfied -Name: Property & Casualty Transmittals **Review Status:** Accepted for Informational Purposes 10/02/2008

Comments:
Property & Casualty Transmittal Document and Rate/Rule Filing Schedule transmittals attached.

Attachments:
ARPCTD-1 CA 1008-01.pdf
ARRRFS-1 CA 1008-01.pdf



October 1, 2008

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

Re: National Interstate Insurance Company
NAIC Code: 084-32620
Commercial Auto Daily Rental Car Program
New Program - Rates/Rules
Our File Number: AR-CA-1008-01
Proposed Effective Date: 11/01/2008

Dear Sir or Madam;

Please find enclosed our rate and rule filing for a new daily rental car program. We have been presented the opportunity to write an existing book of daily rental business through a managing general agency that they currently write through another carrier that they would like to place with us.

Enclosed are the rates and rating plans that we would like to use with this program. The rates, schedule rating, and experience rating plans are the same as those on file with your department by Lincoln General Insurance Company who previously wrote this business through the same MGA. This will allow the MGA to maintain their current accounts without any affect on the insureds rates. These rates and rating plans will replace currently available ISO loss costs available through the Commercial Lines Manual.

In addition to the enclosed rates and rating plans we will use our filed ISO commercial auto manual, all available ISO forms, and any forms already approved for National Interstate Insurance Company's use in the state to underwrite this program. The corresponding form filing was filed and approved, our file number AR-CA-0806-01FM.

Thank you for your consideration. I can be reached at 1-800-929-1500, extension 1219 with any questions you may have. My e-mail address is kathy.juhasz@nationalinterstate.com.

Respectfully submitted,
NATIONAL INTERSTATE INSURANCE COMPANY

Kathy Juhasz
Regulatory Compliance Specialist

:kj

:Encl.

Property & Casualty Transmittal Document

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: <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					

3. Group Name	Group NAIC #
American Financial Corporation	32620

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
National Interstate Insurance Company	OH	32620	34-1607395	

5. Company Tracking Number	AR-CA-1008-01
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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
	Kathy Juhasz 3250 Interstate Drive Richfield, OH 44286	Regulatory Compliance Specialist	800-929-1500	330-659-8905	kathy.juhasz@natl.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Kathy Juhasz

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)	20.0003 Other
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input 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: 11/01/2008 Renewal: 11/01/2008

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	10/01/2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	AR-CA-1008-01
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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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Please find enclosed our rate and rule filing for a new daily rental car program. We have been presented the opportunity to write an existing book of daily rental business through a managing general agency that they currently write through another carrier that they would like to place with us.

Enclosed are the rates and rating plans that we would like to use with this program. The rates, schedule rating, and experience rating plans are the same as those on file with your department by Lincoln General Insurance Company who previously wrote this business through the same MGA. This will allow the MGA to maintain their current accounts without any affect on the insured rates. These rates and rating plans will replace currently available ISO loss costs available through the Commercial Lines Manual.

In addition to the enclosed rates and rating plans we will use our filed ISO commercial auto manual, all available ISO forms, and any forms already approved for National Interstate Insurance Company's use in the state to underwrite this program. As this is a new program we have no historical experience to report in the accompanying transmittals. The corresponding form filing was filed and approved, our file number AR-CA-0806-01FM.

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]
<p>Check #: 8139310 Amount: \$100.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AR-CA-1008-01
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	AR-CA-0806-01FM

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Informational
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4a.	Rate Change by Company (As Proposed)						
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
National Interstate	N/A	N/A	N/A	N/A	N/A	N/A	N/A

4b.	Rate Change by Company (As Accepted) For State Use Only						
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)		
5b.	Overall percentage rate impact for this filing		
5c.	Effect of Rate Filing – Written premium change for this program		
5d.	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	N/A
7.	Effective Date of last rate revision	N/A
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N/A

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Rates (07/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	RU-75-01	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03	GM-EXP (07/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
04	GM-SCH (07/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	