

SERFF Tracking Number: AOIC-125877475 State: Arkansas  
Filing Company: Owners Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: FUM-AR-04-10/28/2008-26437  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0021 Personal Umbrella and Excess  
Product Name: Executive Umbrella  
Project Name/Number: Policy Jackets/26437 FUM

## Filing at a Glance

Company: Owners Insurance Company

Product Name: Executive Umbrella

TOI: 17.0 Other Liability - Claims

Made/Occurrence

Sub-TOI: 17.0021 Personal Umbrella and  
Excess

Filing Type: Form

SERFF Tr Num: AOIC-125877475 State: Arkansas

SERFF Status: Closed

State Tr Num: EFT \$50

Co Tr Num: FUM-AR-04-  
10/28/2008-26437

Co Status: Pending

State Status: Fees verified and  
received

Reviewer(s): Edith Roberts, Brittany  
Yielding

Authors: Claudia Stewart, Candace Disposition Date: 11/24/2008

Marrison, Jessica Turner

Date Submitted: 10/28/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Policy Jackets

Project Number: 26437 FUM

Reference Organization:

Reference Title:

Filing Status Changed: 11/24/2008

State Status Changed: 11/24/2008

Corresponding Filing Tracking Number:

Filing Description:

FORM FILING: 26437 (09-08) Farm Umbrella Insurance Policy Jacket

Form Attaches To:

Farm Umbrella Policy

Submitted for your approval is the above referenced form. Forms are submitted in final printed copy.

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

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

SERFF Tracking Number: AOIC-125877475 State: Arkansas  
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TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0021 Personal Umbrella and Excess  
Product Name: Executive Umbrella  
Project Name/Number: Policy Jackets/26437 FUM

**Manager:**

DAN SILLS, CPCU, ARM, AIS, MANAGER  
HOME OFFICE UMBRELLA UNDERWRITING  
SILLS.DAN@AOINS.COM (emails without attachments)  
commlinesund@aoins.net (emails with attachments)  
517-886-1874 Ext. 1874

**Underwriter:**

SUSAN HAYES  
HAYES.SUSAN@AOINS.COM  
(517) 886-1913

## Company and Contact

### Filing Contact Information

Dan Sills, Manager sills.dan@aoins.com  
PO Box 30660 (800) 346-0346 [Phone]  
Lansing, MI 48909-8160 (517) 391-1903[FAX]

### Filing Company Information

Owners Insurance Company CoCode: 32700 State of Domicile: Ohio  
P.O. Box 30660 Group Code: 280 Company Type: PC  
Lansing, MI 48909-8160 Group Name: Auto-Owners Ins State ID Number:  
Group  
(800) 346-0346 ext. [Phone] FEIN Number: 34-1172650  
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## Filing Fees

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

SERFF Tracking Number: AOIC-125877475 State: Arkansas  
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Product Name: Executive Umbrella  
Project Name/Number: Policy Jackets/26437 FUM

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Owners Insurance Company	\$50.00	10/28/2008	23526402

SERFF Tracking Number: AOIC-125877475 State: Arkansas  
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 Product Name: Executive Umbrella  
 Project Name/Number: Policy Jackets/26437 FUM

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	11/24/2008	11/24/2008

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Explanatory Memo	Supporting Document	Jessica Turner	10/30/2008	10/30/2008
Owners Executive Umbrella Insurance Policy Jacket	Form	Jessica Turner	10/30/2008	10/30/2008
Uniform Transmittal Document-Property & Casualty	Supporting Document	Jessica Turner	10/30/2008	10/30/2008

SERFF Tracking Number: AOIC-125877475 State: Arkansas  
Filing Company: Owners Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: FUM-AR-04-10/28/2008-26437  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0021 Personal Umbrella and Excess  
Product Name: Executive Umbrella  
Project Name/Number: Policy Jackets/26437 FUM

## Disposition

Disposition Date: 11/24/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AOIC-125877475 State: Arkansas  
 Filing Company: Owners Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: FUM-AR-04-10/28/2008-26437  
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0021 Personal Umbrella and Excess  
 Product Name: Executive Umbrella  
 Project Name/Number: Policy Jackets/26437 FUM

Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory Memo	Approved	Yes
Form	Owners Farm Umbrella Insurance Policy Jacket	Approved	Yes
Form	Owners Executive Umbrella Insurance Policy Jacket	Approved	Yes

SERFF Tracking Number: AOIC-125877475 State: Arkansas  
Filing Company: Owners Insurance Company State Tracking Number: EFT \$50  
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TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0021 Personal Umbrella and Excess  
Product Name: Executive Umbrella  
Project Name/Number: Policy Jackets/26437 FUM

**Amendment Letter**

Amendment Date:

Submitted Date: 10/30/2008

**Comments:**

To Whom It May Concern:

I am sorry to amend this filing a second time but I forgot to upload an Explanatory Memo when I first amended the filing to add form 26435.

The Explanatory Memo is now attached.

Thank you,

Jessica Turner

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Explanatory Memo**

Comment:

26437 Exp Memo.pdf

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 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0021 Personal Umbrella and Excess  
 Product Name: Executive Umbrella  
 Project Name/Number: Policy Jackets/26437 FUM

**Amendment Letter**

Amendment Date:  
 Submitted Date: 10/30/2008

**Comments:**

To Whom It May Concern:

I have uploaded form 26435 to be added to this filing as it is also an Executive Umbrella Policy Jacket with the same change as form 26437.

I have also uploaded a revised version of the Uniform Transmittal Document.

Thank you,  
 Jessica Turner

**Changed Items:**

**Form Schedule Item Changes:**

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Owners Executive Umbrella Insurance Policy Jacket	26435	09-08	Policy/C overage Form	Replaced	26435 05-00			26435 09-08.pdf

**Supporting Document Schedule Item Changes:**

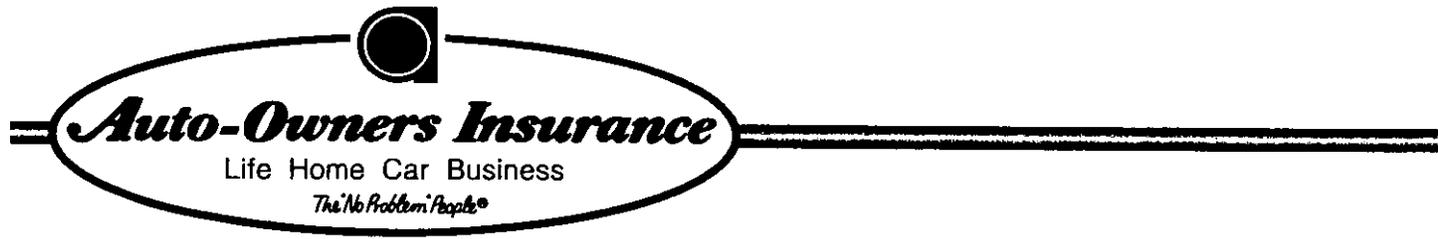
**Satisfied -Name: Uniform Transmittal Document-Property & Casualty**

Comment: Revised document that includes form 26435  
 26437 Filing Fee - Revised.pdf

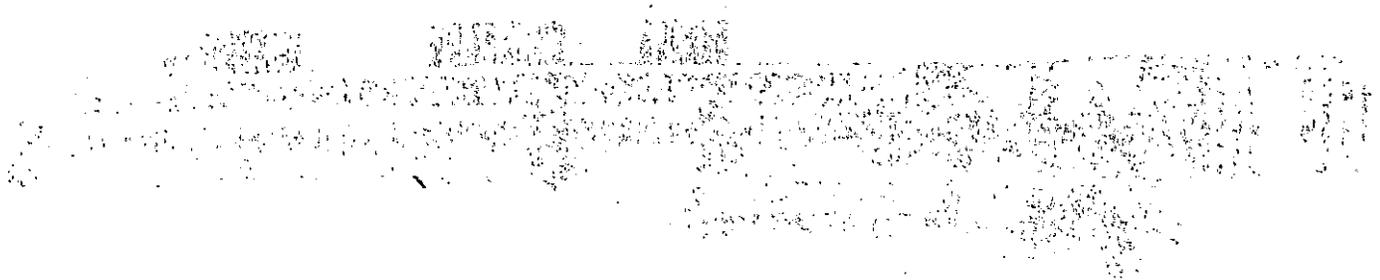
SERFF Tracking Number: AOIC-125877475 State: Arkansas  
 Filing Company: Owners Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: FUM-AR-04-10/28/2008-26437  
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0021 Personal Umbrella and Excess  
 Product Name: Executive Umbrella  
 Project Name/Number: Policy Jackets/26437 FUM

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Owners Farm Umbrella Insurance Policy Jacket	26437	09-08	Policy/Coverage Replaced Form	Replaced Form #: 26437 05-00 Previous Filing #:		26437 09-08.pdf
Approved	Owners Executive Umbrella Insurance Policy Jacket	26435	09-08	Policy/Coverage Replaced Form	Replaced Form #: 26435 05-00 Previous Filing #:		26435 09-08.pdf



# ***Farm Umbrella Insurance Policy***

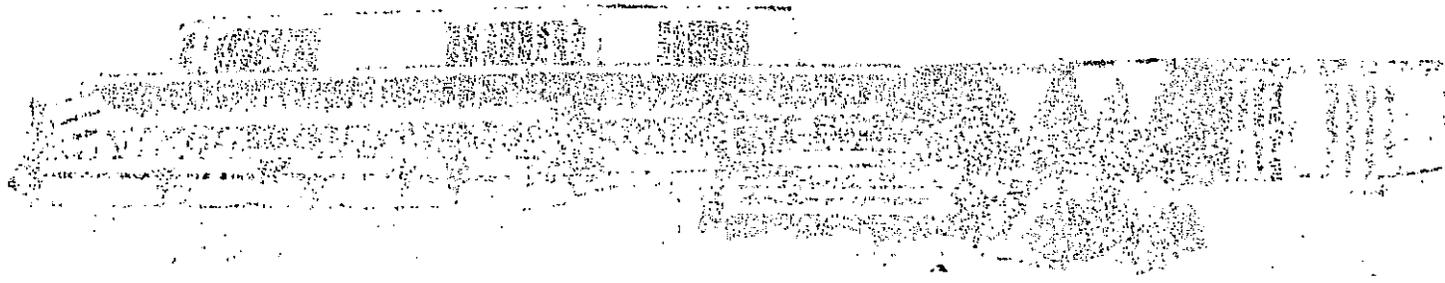


***Owners Insurance Company***

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



# ***Executive Umbrella Insurance Policy***



***Owners Insurance Company***

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

SERFF Tracking Number: AOIC-125877475 State: Arkansas  
Filing Company: Owners Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: FUM-AR-04-10/28/2008-26437  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0021 Personal Umbrella and Excess  
Product Name: Executive Umbrella  
Project Name/Number: Policy Jackets/26437 FUM

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AOIC-125877475 State: Arkansas  
Filing Company: Owners Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: FUM-AR-04-10/28/2008-26437  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0021 Personal Umbrella and Excess  
Product Name: Executive Umbrella  
Project Name/Number: Policy Jackets/26437 FUM

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 11/24/2008

**Comments:**

Revised document that includes form 26435

**Attachment:**

26437 Filing Fee - Revised.pdf

**Satisfied -Name:** Explanatory Memo **Review Status:** Approved 11/24/2008

**Comments:**

**Attachment:**

26437 Exp Memo.pdf

**Property & Casualty Transmittal Document**

**Reset Form**

**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

<b>3. Group Name</b>	<b>Group NAIC #</b>
Auto-Owners Insurance Group Companies	280

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Owners Insurance Company	Ohio	280-32700	34-1172650	

<b>5. Company Tracking Number</b>	FUM-AR-04-10/28/2008-26437
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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
Dan Sills PO Box 30660 Lansing, MI 48909-8160	Manager, Umbrella Underwriting	(800)346-0346 ext. 1874	(517)391-1903 [FAX]	sills.dan@aoins.com

7. Signature of authorized filer

8. Please print name of authorized filer: Dan Sills

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

<b>9. Type of Insurance (TOI)</b>	17.0 Other Liability-Occ/Claims Made
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	17.0021 Personal Umbrella and Excess
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	
<b>13. Filing Type</b>	<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. Effective Date(s) Requested</b>	New:   On Approval      Renewal:   On Approval
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	n/a
<b>17. Reference Organization # &amp; Title</b>	n/a
<b>18. Company's Date of Filing</b>	10/28/2008
<b>19. Status of filing in domicile</b>	<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 # FUM-AR-04-10/28/2008-26437

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

FORM FILING: see list below

Form 26437 Attaches To:

Farm Umbrella Policy

Form 26435 Attaches To:

Executive Umbrella Policy

Submitted for your approval is the above referenced form. Forms are submitted in final printed copy.

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

Manager:

DAN SILLS, CPCU, ARM, AIS, MANAGER

HOME OFFICE UMBRELLA UNDERWRITING

SILLS.DAN@AOINS.COM (emails without attachments)

commlinesund@aoins.net (emails with attachments)

517-886-1874 Ext. 1874

Underwriter:

SUSAN HAYES

HAYES.SUSAN@AOINS.COM

(517) 886-1913

[View Complete Filing Description](#)

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 #: EFT

Amount: \$50.00 per filing

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, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	FUM-AR-04-10/28/2008-26437
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
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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	Owners Farm Umbrella Insurance Policy Jacket	26437 (09-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	26437 (05-00)	
02	Owners Executive Umbrella Insurance Policy Jacket	26435 (09-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	26435 (05-00)	
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

## 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.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
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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)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
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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

<b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b>			
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		COMPANY USE	STATE USE
<b>5a</b>	Overall percentage rate indication (when applicable)		
<b>5b</b>	Overall percentage rate impact for this filing		
<b>5c</b>	Effect of Rate Filing – Written premium change for this program		
<b>5d</b>	Effect of Rate Filing – Number of policyholders affected		

<b>6.</b>	Overall percentage of last rate revision	
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<b>7.</b>	Effective Date of last rate revision	
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<b>8.</b>	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

**AUTO-OWNERS INSURANCE COMPANY  
FORMS AND ENDORSEMENTS  
STATE OF ARKANSAS**

<b>Form Number</b>	<b>Edition Date</b>	<b>Replaced Form</b>	<b>Replaced Edition Date</b>	<b>Form Name</b>
26437	(09-08)	N/A		Owners Farm Umbrella Insurance Policy Jacket
USE	Cover sheet for the Farm Umbrella Policy. Owners Insurance Company. Allows automated attachment of the cover sheet and coverage part.			
CHANGE	We are removing the "Dynamic Data" (Officer Signature Line) from the filed copy only. This will eliminate the necessity to refile the form each time we change officers. The form text has not changed.			
26435	(09-08)	N/A	(05-00)	Owners Executive Umbrella Policy Jacket
USE	Cover sheet for the Executive Umbrella Coverage part. Owners Insurance Company. Allows automated attachment of the coversheet and coverage part.			
CHANGE	We are removing the "Dynamic Data" (Officer Signature Line) from the filed copy only. This will eliminate the necessity to refile the form each time we change officers. The form text has not changed.			



**Property & Casualty Transmittal Document**

**Reset Form**

**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

<b>3. Group Name</b>	<b>Group NAIC #</b>
Auto-Owners Insurance Group Companies	280

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Owners Insurance Company	Ohio	280-32700	34-1172650	

<b>5. Company Tracking Number</b>	FUM-AR-04-10/28/2008-26437
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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
Dan Sills PO Box 30660 Lansing, MI 48909-8160	Manager, Umbrella Underwriting	(800)346-0346 ext. 1874	(517)391-1903 [FAX]	sills.dan@aoins.com

7. Signature of authorized filer

8. Please print name of authorized filer: Dan Sills

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

<b>9. Type of Insurance (TOI)</b>	17.0 Other Liability-Occ/Claims Made
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	17.0021 Personal Umbrella and Excess
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	
<b>13. Filing Type</b>	<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. Effective Date(s) Requested</b>	New:    On Approval                      Renewal:    On Approval
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	n/a
<b>17. Reference Organization # &amp; Title</b>	n/a
<b>18. Company's Date of Filing</b>	10/28/2008
<b>19. Status of filing in domicile</b>	<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 # FUM-AR-04-10/28/2008-26437

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

FORM FILING: 26437 (09-08) Farm Umbrella Insurance Policy Jacket

Form Attaches To:

Farm Umbrella Policy

Submitted for your approval is the above referenced form. Forms are submitted in final printed copy.

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

Manager:

DAN SILLS, CPCU, ARM, AIS, MANAGER

HOME OFFICE UMBRELLA UNDERWRITING

SILLS.DAN@AOINS.COM (emails without attachments)

commlinesund@aoins.net (emails with attachments)

517-886-1874 Ext. 1874

Underwriter:

SUSAN HAYES

HAYES.SUSAN@AOINS.COM

(517) 886-1913

[View Complete Filing Description](#)

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 #: EFT

Amount: \$50 per filing

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, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	FUM-AR-04-10/28/2008-26437
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
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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	Owners Farm Umbrella Insurance Policy Jacket	26437 (09-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	26437 (05-00)	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

## 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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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)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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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

<b>5.</b>	<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>
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		COMPANY USE	STATE USE
<b>5a</b>	Overall percentage rate indication (when applicable)		
<b>5b</b>	Overall percentage rate impact for this filing		
<b>5c</b>	Effect of Rate Filing – Written premium change for this program		
<b>5d</b>	Effect of Rate Filing – Number of policyholders affected		

<b>6.</b>	Overall percentage of last rate revision	
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<b>7.</b>	Effective Date of last rate revision	
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<b>8.</b>	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	