

SERFF Tracking Number: AOIC-125879330 State: Arkansas
Filing Company: Auto-Owners Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: FUM-AR-01-11/03/2008-26439
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0021 Personal Umbrella and Excess
Product Name: Executive Umbrella
Project Name/Number: Umbrella Policy Jackets/26439 EUM

Filing at a Glance

Company: Auto-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-125879330

SERFF Status: Closed

Co Tr Num: FUM-AR-01-
11/03/2008-26439

Co Status: Pending

Authors: Claudia Stewart, Candace
Marrison, Jessica Turner

Date Submitted: 11/03/2008

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and
received

Reviewer(s): Becky Harrington,
Betty Montesi

Disposition Date: 11/05/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

State Filing Description:

Effective Date (New):

Effective Date (Renewal):

General Information

Project Name: Umbrella Policy Jackets

Project Number: 26439 EUM

Reference Organization:

Reference Title:

Filing Status Changed: 11/05/2008

State Status Changed: 11/05/2008

Corresponding Filing Tracking Number:

Filing Description:

FORM FILING: List Attached

Form 26439 Attaches To:

Farm Umbrella Policy

Form 26433 Attaches To:

Executive Umbrella Policy

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

SERFF Tracking Number: AOIC-125879330 State: Arkansas
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Company Tracking Number: FUM-AR-01-11/03/2008-26439
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0021 Personal Umbrella and Excess
Product Name: Executive Umbrella
Project Name/Number: Umbrella Policy Jackets/26439 EUM

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

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

Auto-Owners Insurance Company CoCode: 18988 State of Domicile: Michigan
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: 38-0315280

Filing Fees

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

SERFF Tracking Number: AOIC-125879330 State: Arkansas
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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$50.00	11/03/2008	23657845

SERFF Tracking Number: AOIC-125879330 State: Arkansas
Filing Company: Auto-Owners Insurance Company State Tracking Number: EFT \$50
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	11/05/2008	11/05/2008

SERFF Tracking Number: AOIC-125879330 State: Arkansas
Filing Company: Auto-Owners Insurance Company State Tracking Number: EFT \$50
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Product Name: Executive Umbrella
Project Name/Number: Umbrella Policy Jackets/26439 EUM

Disposition

Disposition Date: 11/05/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

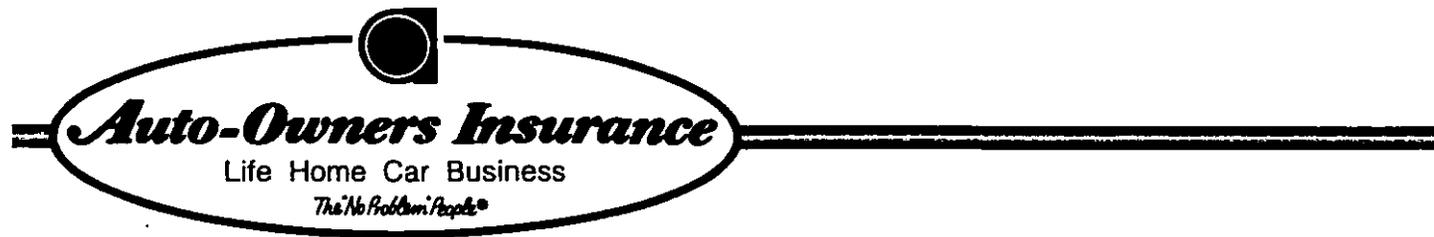
SERFF Tracking Number: AOIC-125879330 State: Arkansas
 Filing Company: Auto-Owners Insurance Company State Tracking Number: EFT \$50
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory Memo	Approved	Yes
Form	Auto-Owners Farm Umbrella Insurance Policy Jacket	Approved	Yes
Form	Auto-Owners Executive Umbrella Insurance Policy Jacket	Approved	Yes

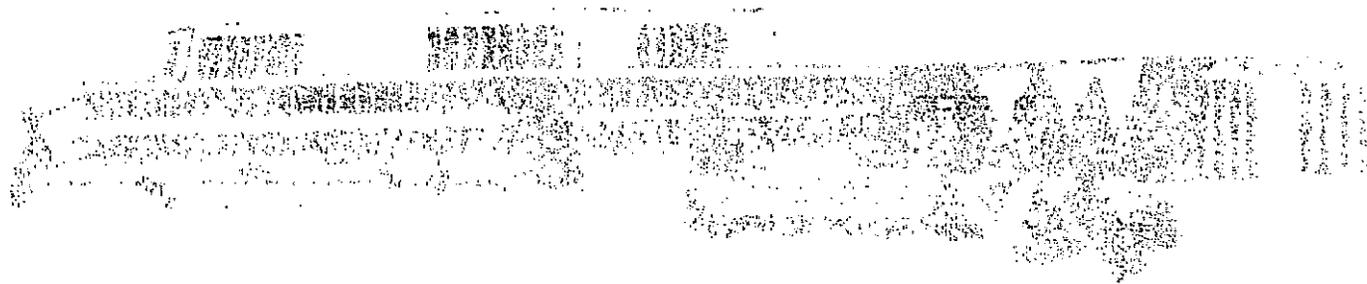
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Auto-Owners Farm Umbrella Insurance Policy Jacket	26439	09-08	Policy/Coverage Form Replaced	Replaced Form #:0.00 26439 05-00 Previous Filing #:		26439 09-08.pdf
Approved	Auto-Owners Executive Umbrella Insurance Policy Jacket	26433	09-08	Policy/Coverage Form Replaced	Replaced Form #:0.00 26433 05-00 Previous Filing #:		26433 09-08.pdf



Farm Umbrella Insurance Policy



Auto-Owners Insurance Company

Policy Non-assessable

This policy is non-assessable and the premium stated in the Declarations is the only premium you will be asked to pay.

Participating

You will be entitled to an equitable participation in Company funds in excess of the amount required to pay expenses and all the losses or claims or other policy obligations incurred, together with the reserve and surplus funds required or permitted by law. A distribution will be made only in accordance with the decision of our Board of Directors acting under the insurance laws and under our charter.

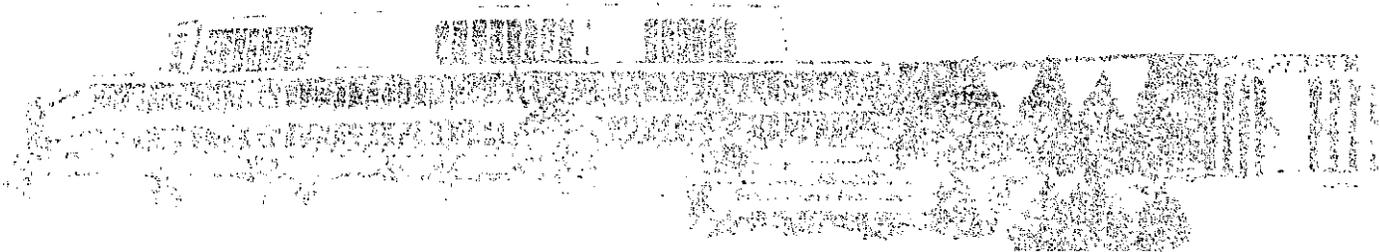
NOTICE OF MEMBERSHIP AND ANNUAL MEETING

Because we are a mutual company this policy makes you a member of the Auto-Owners Insurance Company. You are entitled to vote, in person or by proxy, at all meetings. Our annual policyholders' meetings are held at our home office at Lansing, Michigan on the second Monday in May in each year at 10:00 A.M.

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



Executive Umbrella Insurance Policy



Auto-Owners Insurance Company

Policy Non-assessable

This policy is non-assessable. The premium stated in the Declarations is the only premium you will be asked to pay.

Participating

You will be entitled to an equitable participation in Company funds in excess of the amount required to pay expenses and all the losses or claims or other policy obligations incurred, together with the reserve and surplus funds required or permitted by law. A distribution will be made only in accordance with the decision of our Board of Directors acting under the insurance laws and under our charter.

NOTICE OF MEMBERSHIP AND ANNUAL MEETING

Because we are a mutual company this policy makes you a member of the Auto-Owners Insurance Company. You are entitled to vote, in person or by proxy, at all meetings. Our annual policyholders' meetings are held at our home office at Lansing, Michigan on the second Monday in May in each year at 10:00 A.M.

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

SERFF Tracking Number: AOIC-125879330 State: Arkansas
Filing Company: Auto-Owners Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: FUM-AR-01-11/03/2008-26439
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0021 Personal Umbrella and Excess
Product Name: Executive Umbrella
Project Name/Number: Umbrella Policy Jackets/26439 EUM

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 11/05/2008

Comments:

Attachment:

26439 Filing Fee.pdf

Satisfied -Name: Explanatory Memo **Review Status:** Approved 11/05/2008

Comments:

Attachment:

26439 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		

3.	Group Name	Group NAIC #
	Auto-Owners Insurance Group Companies	280

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Auto-Owners Insurance Company	Michigan	280-18988	38-0315280	

5.	Company Tracking Number	FUM-AR-01-11/03/2008-26439
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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)

9.	Type of Insurance (TOI)	17.0 Other Liability-Occ/Claims Made
10.	Sub-Type of Insurance (Sub-TOI)	17.0021 Personal Umbrella and Excess
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 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: On Approval Renewal: On Approval
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	11/03/2008
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 # FUM-AR-01-11/03/2008-26439

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

FORM FILING: List Attached

Form 26439 Attaches To:

Farm Umbrella Policy

Form 26433 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.)

1.	This filing transmittal is part of Company Tracking #	FUM-AR-01-11/03/2008-26439
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2.	This filing corresponds to rate/rule filing number (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	Auto-Owners Farm Umbrella Insurance Policy Jacket	26439 (09-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	26439 (05-00)	
02	Auto-Owners Executive Umbrella Insurance Policy Jacket	26433 (09-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	26433 (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.)

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

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)						
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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)

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

5. Overall Rate Information (Complete for Multiple Company Filings only)			
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		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	
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7.	Effective Date of last rate revision	
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8.	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**

Form Number	Edition Date	Replaced Form	Replaced Edition Date	Form Name
26439	(09-08)	N/A		Auto-Owners Farm Umbrella Insurance Policy Jacket
USE	Cover sheet for the Farm Umbrella Coverage Part. Auto-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.			
26433	(09-08)	N/A		Auto-Owners Executive Umbrella Policy Jacket
USE	Attaches to the Executive Umbrella 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.			