

SERFF Tracking Number: HRLV-125886119 State: Arkansas
 Filing Company: Harleysville Mutual Insurance Company State Tracking Number: # \$0
 Company Tracking Number: DEFDMW051508-1
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
 Product Name: CP
 Project Name/Number: DEF CP Rules, Forms and Loss Cost Revision/

Filing at a Glance

Company: Harleysville Mutual Insurance Company

Product Name: CP	SERFF Tr Num: HRLV-125886119	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: # \$0
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: DEFDMW051508-1	State Status: Fees verified and received
Filing Type: Form	Co Status: Deferral/Non-adoption	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: Carol Zwoyer	Disposition Date: 11/05/2008
	Date Submitted: 11/04/2008	Disposition Status: Filed
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: DEF CP Rules, Forms and Loss Cost Revision
 Project Number:
 Reference Organization: ISO
 Reference Title:
 Filing Status Changed: 11/05/2008
 State Status Changed: 11/05/2008
 Corresponding Filing Tracking Number:
 Filing Description:
 Deferring ISO Revisions CF-2007-OFR07

Status of Filing in Domicile:
 Domicile Status Comments:
 Reference Number: CF-2007-OFR07
 Advisory Org. Circular: LI-CF-2008-059

Deemer Date:

Company and Contact

Filing Contact Information

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Carol Zwoyer, Senior State Filing Analyst czwoyer@harleysvillegroup.com
355 Maple Avenue (215) 256-5735 [Phone]
Harleysville, PA 19438-2297 (215) 256-5678[FAX]

Filing Company Information

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

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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Harleysville Mutual Insurance Company	\$0.00	11/04/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Llyweyia Rawlins	11/05/2008	11/05/2008

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Disposition

Disposition Date: 11/05/2008

Effective Date (New): 11/01/2008

Effective Date (Renewal): 11/01/2008

Status: Filed

Comment: Request approval to defer the ISO revision CF-2007-OFR07.

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Accepted for Informational Purposes	Yes

SERFF Tracking Number: *HRLV-125886119* *State:* *Arkansas*
Filing Company: *Harleysville Mutual Insurance Company* *State Tracking Number:* *# \$0*
Company Tracking Number: *DEFDMW051508-1*
TOI: *01.0 Property* *Sub-TOI:* *01.0001 Commercial Property (Fire and Allied Lines)*

Product Name: *CP*
Project Name/Number: *DEF CP Rules, Forms and Loss Cost Revision/*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: HRLV-125886119 State: Arkansas
Filing Company: Harleysville Mutual Insurance Company State Tracking Number: # \$0
Company Tracking Number: DEFDMW051508-1
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: CP
Project Name/Number: DEF CP Rules, Forms and Loss Cost Revision/

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty
Review Status: Accepted for Informational Purposes 11/05/2008

Comments:

Attachment:

AR NAIC CF-2007-OFR07.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)

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 #
4. Company Name(s)	Domicile	NAIC #	FEIN #	
Harleysville Mutual Insurance Company	PA	14168	23-0902325	

5. Company Tracking Number	125886119
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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
	Carol Zwoyer 355 Maple Avenue Harleysville, PA 19438	Senior State Filing Analyst	800-523-6344 ext 5735	215-256-5678	czwoyer@harleysvillegroup.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Carol Zwoyer		

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

9. Type of Insurance (TOI)	Fire and Allied Lines
10. Sub-Type of Insurance (Sub-TOI)	Commercial Property
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 type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input checked="" type="checkbox"/> Other (deferral)
14. Effective Date(s) Requested	New: 11/1/08 Renewal: 11/1/08
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	CF-2007-OFR07
17. Reference Organization # & Title	
18. Company's Date of Filing	11/4/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	125886119
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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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Insurance Services Offices, Inc has announced the implementation of Commercial Property Coverage Part Multistate Revision of Forms, Rules and Loss Costs.

Harleysville Mutual Insurance Company does not wish to implement this change at this time and therefore requests approval to defer the ISO revision CF-2007-OFR07.

Your favorable approval will be appreciated.

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]
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Check #: N/A
Amount:

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.)**

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