

SERFF Tracking Number: LMBR-125900190 State: Arkansas  
Filing Company: Lumbermen's Underwriting Alliance State Tracking Number: EFT \$20  
Company Tracking Number: 2008-143-IM-F  
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations  
Product Name: Commercial Inland Marine  
Project Name/Number: Declaration Page 1A.1/2008-143-IM-F

## Filing at a Glance

Company: Lumbermen's Underwriting Alliance

Product Name: Commercial Inland Marine

TOI: 09.0 Inland Marine

Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations

Filing Type: Form

SERFF Tr Num: LMBR-125900190

SERFF Status: Closed

Co Tr Num: 2008-143-IM-F

Co Status: Pending

Author: Donna Bauman

Date Submitted: 11/12/2008

State: Arkansas

State Tr Num: EFT \$20

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Llyweyia Rawlins

Disposition Date: 11/12/2008

Disposition Status: Approved

Effective Date Requested (New): 12/12/2008

Effective Date Requested (Renewal): 12/12/2008

Effective Date (New): 12/12/2008

Effective Date (Renewal):

12/12/2008

State Filing Description:

## General Information

Project Name: Declaration Page 1A.1

Project Number: 2008-143-IM-F

Reference Organization:

Reference Title:

Filing Status Changed: 11/12/2008

State Status Changed: 11/12/2008

Corresponding Filing Tracking Number:

Filing Description:

Please find attached a copy of our Declarations Page 1A.1. There has recently been a personnel change in the position of President & Chief Operating Officer. In the interest of lessening the administrative burden on both you and us, we are filing this page without signatures. It is our intent that when a policy is issued, it will be signed by the current President & Chief Operating Officer. It is only for filing purposes that we have not included signatures. There are no other changes to our currently filed and approved Page 1A.1.

Status of Filing in Domicile: Pending

Domicile Status Comments: Filed same time as this filing

Reference Number:

Advisory Org. Circular:

Deemer Date:

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We request an effective date of December 12, 2008.

Your consideration is greatly appreciated.

## Company and Contact

### Filing Contact Information

Donna Bauman, Donna.Bauman@ins-lua.com  
 1905 N.W. Corporate Blvd. (561) 994-1900 [Phone]  
 Boca Raton, FL 33431-7303 (561) 988-8297[FAX]

### Filing Company Information

Lumbermen's Underwriting Alliance      CoCode: 23108      State of Domicile: Missouri  
 1905 N.W. Corporate Blvd.      Group Code:      Company Type: Commercial  
    Property and Casualty  
 Boca Raton, FL 33431-7303      Group Name:      State ID Number:  
 (561) 994-1900 ext. [Phone]      FEIN Number: 43-0799570  
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## Filing Fees

Fee Required?      Yes  
 Fee Amount:      \$20.00  
 Retaliatory?      No  
 Fee Explanation:  
 Per Company:      No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lumbermen's Underwriting Alliance	\$20.00	11/12/2008	23877893

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/12/2008	11/12/2008

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## **Disposition**

Disposition Date: 11/12/2008

Effective Date (New): 12/12/2008

Effective Date (Renewal): 12/12/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<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
<b>Form</b>	Declaration Page 1A.1	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Declaration Page 1A.1	GA-LM	02 03	Declaration Replaced s/Schedule	Replaced Form #: GA-LM (02-03) Previous Filing #:		1A.1 (without signature).pdf

OTHER IMPORTANT PROVISIONS

**A. When coverage begins and ends.** At the beginning or inception of the policy, coverage begins at 12:01 a.m. Standard Time. At the end or expiration of the policy, coverage ends at 12:01 a.m. Standard Time. Exceptions. If property covered by this policy is located in any state with a different time requirement, that time will apply.

**B. Certain Key Words in the policy.** The words below have the meanings which follow them:

Policy..... Contract  
Named Insured..... Subscriber  
Company ..... Reciprocal or  
Inter-Insurance Exchange  
Premium ..... Deposit

**C. Insured's Limited Liability for Premiums.** This policy is nonassessable. The insured's liability is limited to the payment of premiums determined under the policy.

**D. Legal Makeup.** We are a reciprocal, inter-insurance exchange. This policy has been issued by U. S. Epperson Underwriting Company, attorney-in-fact for LUMBERMEN'S UNDERWRITING ALLIANCE. U. S. Epperson is appointed attorney-in-fact by each subscriber under the provisions of the Subscriber's Agreement signed by each subscriber.

In Witness Whereof, the said Attorney has executed these presents for the Subscribers.

U. S. EPPERSON UNDERWRITING COMPANY  
ATTORNEY-IN-FACT

Secretary

President & Chief Operating Officer

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## **Rate Information**

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## Supporting Document Schedules

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

**Review Status:**

Approved 11/12/2008

**Comments:**

P&C transmittal attached.

**Attachment:**

industry\_rates\_PCtransDoc\_intelligent.pdf

## 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 style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></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 #

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

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

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
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 type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input 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 #

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

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 #:  
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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## 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>	
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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			<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		
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