

<i>SERFF Tracking Number:</i>	<i>ALSX-125927981</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>First Colonial Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>GAPAR0068628R01</i>		
<i>TOI:</i>	<i>28.0 Credit</i>	<i>Sub-TOI:</i>	<i>28.0005 Personal GAP Insurance</i>
<i>Product Name:</i>	<i>GAP Insurance</i>		
<i>Project Name/Number:</i>	<i>GAP Rate/Rule Filing/2008 - GAP Insurance Revisions</i>		

## Filing at a Glance

Company: First Colonial Insurance Company

Product Name: GAP Insurance

TOI: 28.0 Credit

Sub-TOI: 28.0005 Personal GAP Insurance

Filing Type: Rate/Rule

Effective Date Requested (New):

Effective Date Requested (Renewal):

State Filing Description:

SERFF Tr Num: ALSX-125927981

SERFF Status: Closed

Co Tr Num: GAPAR0068628R01

Co Status:

Author: SPI AllState

Date Submitted: 12/02/2008

State: Arkansas

State Tr Num: EFT \$100

State Status: Fees verified and received

Reviewer(s): Betty Montesi,  
Llyweyia Rawlins

Disposition Date: 12/03/2008

Disposition Status: Exempt from Review

Effective Date (New): 12/03/2008

Effective Date (Renewal):

## General Information

Project Name: GAP Rate/Rule Filing

Project Number: 2008 - GAP Insurance Revisions

Reference Organization:

Reference Title:

Filing Status Changed: 12/03/2008

State Status Changed: 12/03/2008

Corresponding Filing Tracking Number:

Filing Description:

We submit to you this filing which will modify the GAPRIP-AR1 (09/04) approved by your department on 10/14/2004.

- GAPRIP RR AR3 08.08: New rates added to the existing rates in order to accommodate the credit union, commercial use, 90 day non cancell and TMC endorsements - no existing rates were modified

- GAPRIP RU AR3 08.08: Rules updated - commercial vehicles definition and exclusion F

SERFF Tracking Number: ALSX-125927981 State: Arkansas  
 Filing Company: First Colonial Insurance Company State Tracking Number: EFT \$100  
 Company Tracking Number: GAPAR0068628R01  
 TOI: 28.0 Credit Sub-TOI: 28.0005 Personal GAP Insurance  
 Product Name: GAP Insurance  
 Project Name/Number: GAP Rate/Rule Filing/2008 - GAP Insurance Revisions

No information is provided in the rate schedule because new rates added and no existing rates were modified.

Effective Date:  
 New business: Upon approval  
 Renewals: N/A

## Company and Contact

### Filing Contact Information

Chris Ewing,  
 2775 Sanders Road (847) 402-5000 [Phone]  
 Northbrook, IL 60062 (847) 402-9757[FAX]

### Filing Company Information

First Colonial Insurance Company CoCode: 29980 State of Domicile: Florida  
 1776 American Heritage Life Drive Group Code: 8 Company Type: Property and  
 Casualty  
 Jacksonville, FL 32224 Group Name: Allstate State ID Number:  
 (847) 402-5000 ext. [Phone] FEIN Number: 59-2773658  
 -----

## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
First Colonial Insurance Company	\$100.00	12/02/2008	24256824

SERFF Tracking Number: ALSX-125927981 State: Arkansas  
Filing Company: First Colonial Insurance Company State Tracking Number: EFT \$100  
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TOI: 28.0 Credit Sub-TOI: 28.0005 Personal GAP Insurance  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Exempt from Review	Llyweyia Rawlins	12/03/2008	12/03/2008

SERFF Tracking Number: ALSX-125927981 State: Arkansas  
 Filing Company: First Colonial Insurance Company State Tracking Number: EFT \$100  
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 TOI: 28.0 Credit Sub-TOI: 28.0005 Personal GAP Insurance  
 Product Name: GAP Insurance  
 Project Name/Number: GAP Rate/Rule Filing/2008 - GAP Insurance Revisions

## Disposition

Disposition Date: 12/03/2008

Effective Date (New): 12/03/2008

Effective Date (Renewal):

Status: Exempt from Review

Comment:

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:
First Colonial Insurance Company	%	\$		\$	%	%	%

SERFF Tracking Number: ALSX-125927981 State: Arkansas  
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 Company Tracking Number: GAPAR0068628R01  
 TOI: 28.0 Credit Sub-TOI: 28.0005 Personal GAP Insurance  
 Product Name: GAP Insurance  
 Project Name/Number: GAP Rate/Rule Filing/2008 - GAP Insurance Revisions

Item Type	Item Name	Item Status	Public Access
Supporting Document	CertificateOfCompliance, AR - NAIC P&C TRANSMITTAL DOCUMENT	Accepted for Informational Purposes	Yes
Rate	GAPRIP RR AR3 08.08	Accepted for Informational Purposes	Yes
Rate	GAPRIP RU AR3 08.08	Accepted for Informational Purposes	Yes

<i>SERFF Tracking Number:</i>	<i>ALSX-125927981</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>First Colonial Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>GAPAR0068628R01</i>		
<i>TOI:</i>	<i>28.0 Credit</i>	<i>Sub-TOI:</i>	<i>28.0005 Personal GAP Insurance</i>
<i>Product Name:</i>	<i>GAP Insurance</i>		
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## Rate Information

Rate data applies to filing.

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

## Company Rate Information

<b>Company Name:</b>	<b>Overall % Indicated Change:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Premium:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>
First Colonial Insurance Company	%	%				%	%

SERFF Tracking Number: ALSX-125927981 State: Arkansas  
 Filing Company: First Colonial Insurance Company State Tracking Number: EFT \$100  
 Company Tracking Number: GAPAR0068628R01  
 TOI: 28.0 Credit Sub-TOI: 28.0005 Personal GAP Insurance  
 Product Name: GAP Insurance  
 Project Name/Number: GAP Rate/Rule Filing/2008 - GAP Insurance Revisions

## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Accepted for Informational Purposes	GAPRIP RR AR3 08.08	GAPRIP RR AR3 08.08	Replacement	GAPRIP RR AR3 08_08.PDF
Accepted for Informational Purposes	GAPRIP RU AR3 08.08	GAPRIP RU AR3 08.08	Replacement	GAPRIP RU AR3 08_08.PDF

# FIRST COLONIAL INSURANCE COMPANY

1776 American Heritage Life Drive / Jacksonville, Florida 32224  
904-992-2543

## Guaranteed Automobile Protection (GAP) Reimbursement Insurance

### RATES

#### 1. BASE RATES

	<u>Term</u>	<u>120%of MSRP</u>	<u>150%of MSRP</u>
A. Fully Amortized Loans ( <u>Franchised</u> )	1 - 60	\$55.00	\$66.00
	61 - 72	\$90.00	\$99.00
	73 - 84	\$113.00	\$131.00
B. Fully Amortized Loans ( <u>Non-Franchised</u> )	1 - 60	\$76.00	N/A
	61 - 72	\$110.00	N/A
C. Lease		130% of A. & B. Rates	
D. Balloon Loans		130% of A. & B. Rates	
E. Motorcycle		\$70.00	\$85.00
F. Territory Extended to Mexico		\$5.00	

#### 2. CLASS RELATIVITY

(See attached Class List)

	<u>Class</u>	<u>Percent of Base Rate</u>
	A	90%
	B	100%
	C	115%
	D	130%
Alternative Implementation	Blended	111%

#### 3. SURCHARGES

A. Borrowers Deductible Coverage	
No Coverage	(\$7.00)
Up to \$500	(\$3.00)
\$501 - \$1,000	Standard Base Rate
N/Franchise - Up to \$250	Std. N/F Rate
B. Small Risk Pool Surcharge	\$25.00
C. Fully Earned on Claim Paid	\$10.00

#### 4. ADDITIONAL LOSS BENEFIT

A. Benefit - \$500	\$15.00
B. Benefit - \$1,000	25.00

#### 5. WAIVER CONTRACT FEE

\$25.00

Rate plan applies to policies with annual premiums less than \$50,000. When the annual premium is \$50,000 or above, the rates are to be determined by us for each succeeding policy period.

<b>6. COMMERCIAL</b>	<b><u>Term</u></b>	
	60	\$12.00
	72	\$15.00
<b>7. PAY PRIMARY</b>	84	\$16.00
	60	\$3.00
	72	\$4.00
<b>8. 90 DAY NON-CANCELLABLE</b>	84	\$7.00
	60	\$3.00
	72	\$4.00
<b>9. SKIP 1 PAYMENT</b>	84	\$5.00
	60	\$8.00
	72	\$8.00
<b>10. SKIP 2 PAYMENT</b>	84	\$8.00
	60	\$11.00
	72	\$11.00
	84	\$11.00

**FIRST COLONIAL INSURANCE COMPANY**

1776 American Heritage Life Drive, Jacksonville, Florida 32224

**MANUAL OF RULES AND RATES**

**GUARANTEED AUTOMOBILE PROTECTION (GAP)  
REIMBURSEMENT INSURANCE PROGRAM**

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## SECTION I - INTRODUCTION

Guaranteed Auto Protection (GAP) insures the difference between the net payoff and the greater of: 1. the primary insurance settlement; or 2. [90]% of ACV on the covered vehicle on the date of loss.

In the event that there is not a primary carrier in effect on the date of loss, or if the primary carrier is declared insolvent, we will only pay the difference between the net payoff as of the date of loss and Item 2 above of the financed collateral, as determined by the Insurer.

Following are definitions of terms used throughout this Manual that will be helpful in understanding this Program. Additional definitions are contained within the GAP Reimbursement Insurance Policy.

### DEFINITIONS

**Constructive Total Loss:** A direct and accidental payable loss of or damage of covered vehicle which meets the following criteria:

1. the total cost to repair the covered vehicle is greater than the ACV of the covered vehicle immediately prior to the date of loss; or
2. the covered vehicle is stolen and is not recovered within 30 days from the date a police report is filed; and
3. the borrower's primary carrier declares the vehicle a total loss.

**Borrower:** The natural person(s) named in the financing contract, receiving a loan or lease from the lender.

**Insurer:** First Colonial Insurance Company.

**Lender:** The Named Insured shown on the Declarations Page, or any lending or leasing institution, to which a financing contract is sold, assigned, or transferred.

**Net Payoff:** The amount of the lender's interest as of the date of loss, as represented by the portion of the borrower's unpaid balance, according to the original payment schedule of the financing contract that is secured by the covered vehicle. The amount does not include any unearned interest, lease or loan charges, late charges, any delinquent payments, uncollected service charges, refundable prepaid taxes and fees, disposition fees, termination fees, penalty fees, the recoverable portion of financed insurance charges, or the recoverable portion of financed amounts for unearned insurance premiums or refundable charges (including, but not limited to credit life, vehicle service coverages/warranties, and guaranteed automobile protection charges) that are owed by the borrower on the date of loss, amounts that are built into or added to the loan or lease balance after the inception date of the financing contract, [or any indebtedness of the borrower arising prior to the effective date of the financing contract and included in the initial financing contract balance.] The net pay off calculation also excludes loans or special finance offers, which may waive or delay payment of principal and/or interest.

**Policy:** The GAP Reimbursement Insurance Policy ("Policy") issued to the Lender by the Insurer that reimburses Lenders who waive collection of the amount of the net payoff on a loan or lease that exceeds the primary insurance carrier's settlement in the event of a constructive total loss.

**Administrator:** The entity, which provides and is responsible for administrative services and support for Lender's GAP Program.

## SECTION II - GENERAL INFORMATION

**Coverage:** The policy will insure the Lender on an open peril basis for the payable loss resulting from the total loss of the covered vehicle because of theft or damage to covered vehicle, except as excluded in **SECTION IV – EXCLUSIONS**.

**Maximum Benefit:** The Maximum Benefit, as respect to all losses or damages, will not exceed the amount stated in the Policy for any single occurrence (including up to the amount of the primary carrier deductible, if applicable).

GAPRIIP RU AR3

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(08/08)

**Maximum Vehicle Financing Percentage:** In the event the amount financed exceeds the allowable amount financed per the Maximum Vehicle Financing Percentage, our settlement will be reduced by the amount over financed, applied proportionately.

**Cancellation:** The Lender may cancel the Policy at any time by advising the Insurer, or its authorized agent when such cancellation is to be effective. The Insurer may cancel the Policy only after notice is provided in accordance with the Policy and applicable state endorsement, if any. Cancellation or non-renewal of the Policy will not affect the duties of the Lender or Insurer, as set forth in the Policy, as to GAP Addendums issued while the Policy is in force.

**Refunds:** In every event that the financing contract for a covered vehicle is canceled prior to its maturity date, we will refund the premium for that financing contract according to the method approved by the Commissioner of Insurance. If the financing contract for a covered vehicle is canceled within the first 30 days, no loss having occurred, the return premium will be 100% of the premium charge. In the event of payment of loss for a covered vehicle, coverage will terminate and the premium will be refunded.

**Territory Requirements:** The policy applies only to payable losses sustained while the covered vehicle is:

1. Within the United States of America (U.S.), its territories or possessions;
2. In Canada; or
3. Being transported between any of the previously stated.

In return for an additional premium charge, coverage can include the Republic of Mexico (Mexico). In the event of a loss sustained while the vehicle is in Mexico, the adjustment of a claim for such a payable loss will be made at the nearest point in the U.S. where such adjustments can be made. The cost of towing, transportation, or storage of covered vehicle while in Mexico is not payable under the Policy

## SECTION III - RULES

### All Vehicles

**Class Guide Listing:** The Covered Vehicle must appear in the Class Guide and have an alpha/ numeric symbol. Covered Vehicles not listed are not eligible. New models of generally eligible Covered Vehicles are introduced from time to time and may not appear on the then current Class Guide. The Lender is instructed to call the Administrator for the proper Vehicle class that has been approved by the Insurer. Manufacturer classifications may be modified to higher or lower classes based on loss ratios demonstrated at the company's discretion.

**Eligible Vehicles:** Any four-wheel private passenger automobile, van, or light truck utilized for personal purposes as defined in the policy.

- Ø Franchised – A certified retail dealer presenting the manufacturer.
- Ø Non-Franchised – Other Auto Dealer not certified as a manufacturer franchised dealer.
- Ø Motorcycle – For an additional premium, any motor-propelled vehicle, other than a tractor or a motorized bicycle, designated for use on public roads and subject to motor vehicles registration, which is equipped with a saddle for the use of the rider and designed to be operated with not more than 3 wheels in contact with the ground, except that 4 wheels may be in contact with the ground when 2 of the wheels are a functional part of a sidecar, and weighing less than 1,500 pounds.

**Commercial Use:** [When using a non commercial waiver](#), Commercial Vehicles are not eligible for the Program. This includes, but is not limited to, using a vehicle as a taxi or for limousine or shuttle services where compensation is provided for those services. Share-the-expense car pools are not considered commercial purpose under this policy. Trailers, special commercial usage optional equipment, accessories, and body components are excluded from coverage.

## **SECTION IV – EXCLUSIONS**

Insurer does not provide coverage for loss:

- A. Resulting from payable losses occurring prior to the effective date of this policy.
- B. Due to confiscation of covered vehicle by a government body or public official.
- C. Caused by theft, unless the borrower or lender files a police report.
- D. Resulting from covered vehicle being operated, used, or maintained in any race, speed contest, or other contest.
- E. To a covered vehicle held as security under any wholesale, floor plan, field warehouse, or any type of financing made to a dealership.
- F. To a covered vehicle used for commercial purposes, **when using a non commercial waiver**. This includes, but is not limited to, using a vehicle as a taxi or for limousine or shuttle services where compensation is provided for those services. Share-the-expense car pools are not considered commercial purpose under this policy. Trailers, special commercial usage optional equipment, accessories, and body components are excluded from coverage. **When using a commercial waiver**, to the following vehicles which are excluded from coverage: Any vehicle in excess of 14,500 GVWR, Daewoo, Bentley, Lamborghini, Lotus, Maserati, Ferrari, Rolls Royce, Yugo, Aston Martin, Dodge Sprinter, RV's, boats, ATV's, snowmobiles, motorcycles, trailers, cargo van, limousine, taxi, buses, rental cars and the following trucks: dump, box, towing, utility, flat bed, semi cab. In addition, vehicles with special commercial usage optional equipment, accessories, and body components are excluded from coverage.
- G. Occurring after covered vehicle has been repossessed by the lender or placed in the lender's possession or in possession of the lender's employees or agents.
- H. To a covered vehicle with a financing contract in which the capitalized cost or total amount financed is more than the Maximum Eligibility Limit at the inception date of the financing contract.
- I. For any amounts deducted from the primary carrier's settlement due to wear and tear, prior damage, unpaid insurance premiums, salvage, towing and storage and other condition adjustments.
- J. For any loss amount attributable to other than the standard or optional equipment available from the manufacturer of the covered vehicle.
- K. For the amount of any final balloon loan payments or lease residual value payments, unless the loan/lease was reported to us as a balloon loan or lease and the appropriate premium paid.
- L. If borrower purchased coverage after the effective date of the loan.
- M. To a covered vehicle with a salvage or rebuilt title at the time of sale or for which title has been changed or reissued as salvage or rebuilt prior to the date of loss.

## **SECTION V – ADDITIONAL LOSS BENEFITS**

**Additional Loss Benefit:** An additional credit towards the purchase of a replacement vehicle, provided we have paid a GAP reimbursement.

## **SECTION VI – RATES AND RATING STRUCTURE**

Base Rates:

- Fully Amortized Loans (Franchised) up to 60 months
- Fully Amortized Loans (Franchised) 61 to 72 months
- Fully Amortized Loans (Franchised) 73 to 84 months
- Fully Amortized Loans (Non-Franchised) up to 60 months
- Fully Amortized Loans (Non-Franchised) 61 to 72 months
- Leases
- Balloon Loans
- Motorcycles
- Policy Territory Extended to Mexico

Manufacturer Classes:

Class A	Class B	Class C		Class D	
HONDA	BMW	ACURA	HUMVEE	ALFA ROMEO	JAGUAR
LEXUS	BUICK	AUDI	HYUNDAI	AMC	MINISUBISHI
MINI	INFINITI	CADILLAC	ISUZU	ASTON MARTIN	PEUGEOT
SUBARU	JEEP	CHEVROLET	KIA	DATSUN	PLYMOUTH
TOYOTA	LINCOLN	CHRYSLER	LAND ROVER	EAGLE	PORSCHE
VOLKSWAGEN	MERCEDES-BENZ	DODGE	MAZDA	FERRARI	RANGE ROVER
VOLVO	NISSAN	FORD	MERCURY	FIAT	STERLING
		GMC	OLDSMOBILE	GEO	SUZUKI
			PONTIAC		YUGO
			SAAB		
			SATURN		

Ineligible Vehicles	
BENTLEY	COMMERCIAL
DAEWOO	HEAVY-DUTY TRUCKS
LAMBORGHINI	ATV's
LOTUS	PWC's
MASERRATI	RV's
MINISUBISHI	TRAILERS
ROLLS ROYCE	
MOTORCYCLES	

Surcharges

Borrowers Deductible Coverage – up to \$500

Borrowers Deductible Coverage - \$501 to \$1000

Small Risk Pool Surcharge (Applies in the event GAP Business is separated into Smaller Risk segments for Retro or Reinsurance programs.)

Additional Loss Benefit (GAP Plus)

\$500

\$1,000

The rating structure may vary depending on the Insurer's underwriting criteria, such as type of lender (franchised or non-franchised), terms, and vehicle classification. Rates may also vary by type of loan arrangement, such as balloon loans.

**(SEE ATTACHED RATE SHEET)**

**Example of Rate:**

Fully Amortized Loans (Franchised) 61 to 72 months (120%MSRP)	\$ 90.00
Class C (115%)	<u>x 115%</u>
	\$103.50
Borrowers Deductible \$500	<u>\$(3.00)</u>
	\$100.50



SERFF Tracking Number: ALSX-125927981 State: Arkansas  
Filing Company: First Colonial Insurance Company State Tracking Number: EFT \$100  
Company Tracking Number: GAPAR0068628R01  
TOI: 28.0 Credit Sub-TOI: 28.0005 Personal GAP Insurance  
Product Name: GAP Insurance  
Project Name/Number: GAP Rate/Rule Filing/2008 - GAP Insurance Revisions

## Supporting Document Schedules

**Satisfied -Name:** CertificateOfCompliance, AR -  
NAIC P&C TRANSMITTAL  
DOCUMENT

### Review Status:

Accepted for Informational 12/03/2008  
Purposes

### Comments:

#### Attachments:

CertificateOfCompliance.PDF

AR - NAIC P&C TRANSMITTAL DOCUMENT.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:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

<b>3. Group Name</b>	<b>Group NAIC #</b>
Allstate	008

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
First Colonial Insurance Company	FL	29980	59-2773658	

<b>5. Company Tracking Number</b>	GAPAR0068628R01
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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
	Chris Ewing 2775 Sanders Road, Suite A5 Northbrook IL 60062		800-366-2958 Ext. 27309	847-402-9757	

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

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

9.	Type of Insurance (TOI)	28.0 Credit
10.	Sub-Type of Insurance (Sub-TOI)	28.0005 Personal GAP Insurance
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	GAP Insurance
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:    Upon Approval                      Renewal:    N/A
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	12-02-2008
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

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	GAPAR0068628R01
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
------------	--

We submit to you this filing which will modify the GAPRIP-AR1 (09/04) approved by your department on 10/14/2004.

- GAPRIP RR AR3 08.08: New rates added to the existing rates in order to accommodate the credit union, commercial use, 90 day non cancellable and TMC endorsements - no existing rates were modified
- GAPRIP RU AR3 08.08: Rules updated - commercial vehicles definition and exclusion F

No information is provided in the rate schedule because new rates added and no existing rates were modified.

Effective Date:  
 New business: Upon approval  
 Renewals: N/A

<b>22.</b>	<b>Filing Fees</b> (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]				
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"><b>Check #:</b></td> <td>Fee paid via EFT</td> </tr> <tr> <td><b>Amount:</b></td> <td>\$100.00</td> </tr> </table> <p style="text-align: center; margin-top: 20px;"><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>		<b>Check #:</b>	Fee paid via EFT	<b>Amount:</b>	\$100.00
<b>Check #:</b>	Fee paid via EFT				
<b>Amount:</b>	\$100.00				

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