

SERFF Tracking Number: FARM-125943287 State: Arkansas  
First Filing Company: Farmers Insurance Company, Inc., ... State Tracking Number: EFT \$25  
Company Tracking Number: HAR0803-105830 AND HAR0803-205830  
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations  
Product Name: H-AR-2008-HO-F  
Project Name/Number: Blanking out Umbrella Portion of the Fire Manual/

## Filing at a Glance

Companies: Farmers Insurance Company, Inc., Farmers Insurance Exchange

Product Name: H-AR-2008-HO-F

SERFF Tr Num: FARM-125943287 State: Arkansas

TOI: 04.0 Homeowners

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 04.0000 Homeowners Sub-TOI

Co Tr Num: HAR0803-105830 AND HAR0803-205830 State Status: Fees verified and received

Combinations

Filing Type: Rule

Co Status:

Reviewer(s): Becky Harrington, Betty Montesi

Authors: Anahit Bekarian, Jeanette Disposition Date: 12/17/2008

Campion, Gayane Rupchian, Mina

Villegas, Chris SalvaCruz, Edmond

Balaian, Karen Lacy

Date Submitted: 12/12/2008

Disposition Status: Filed

Effective Date Requested (New): 12/15/2008

Effective Date (New):

Effective Date Requested (Renewal): 12/15/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Blanking out Umbrella Portion of the Fire Manual

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 12/17/2008

State Status Changed: 12/17/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Dear Commissioner

We respectfully submit for approval changes to our Fire Manual, effective 12/15/2008. The Personal Umbrella section has been separated from the Fire Manual into its own manual, so we are "blanking out" the pages of the former Personal Umbrella section, 6001-7000.

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Thank you in advance for your consideration. If you have any questions, please contact Gary Gordon at (323)932-3358.

Sincerely.

FARMERS INSURANCE EXCHANGE  
FARMERS INSURANCE COMPANY, INC

Gary Gordon  
Product Manager

## Company and Contact

### Filing Contact Information

Brenda Dorogi, Manager - Business  
Implementation  
4700 Wilshire Blvd.  
Los Angeles, CA 90010

Brenda.Dorogi@farmersinsurance.com  
  
(323) 964-8723 [Phone]

### Filing Company Information

Farmers Insurance Company, Inc.  
10850 Lowell Avenue  
Overland Park, KS 66210-1667  
(323) 932-3056 ext. [Phone]

CoCode: 21628  
Group Code: 212  
Group Name:  
FEIN Number: 48-0609012

State of Domicile: Kansas  
Company Type:  
State ID Number:

Farmers Insurance Exchange  
4680 Wilshire Blvd.  
Los Angeles, CA 90010  
(323) 932-3056 ext. [Phone]

CoCode: 21652  
Group Code: 212  
Group Name:  
FEIN Number: 95-2575893

State of Domicile: California  
Company Type:  
State ID Number:

## Filing Fees

Fee Required? Yes  
Fee Amount: \$25.00

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**Retaliatory?** No  
**Fee Explanation:** Reference filings of advisory organization rules require a filing fee of \$25.00  
**Per Company:** No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Farmers Insurance Company, Inc.	\$0.00	12/12/2008	
Farmers Insurance Exchange	\$25.00	12/12/2008	24514513

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	12/17/2008	12/17/2008

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## Disposition

Disposition Date: 12/17/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Arkansas Code Annotated §23- 67-211(a)(1) requires every authorized insurer to file with the Commissioner all rates and supplementary rate information and all changes and amendments made by it for use in this State at least twenty (20) days before they become effective. Your filing was completed on the date above and cannot be effective for 20 days after that date.

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Form RF-2 Loss Costs Only (not for workers' compensation)		Yes
Supporting Document	H-1 Homeowners Abstract		Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey		Yes
Supporting Document	NAIC loss cost data entry document		Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Rate	Manual Page	Filed	Yes
Rate	Manual Page	Filed	Yes

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## **Rate Information**

Rate data does NOT apply to filing.

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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Manual Page	6001	Withdrawn	ARF6001-6001.pdf
Filed	Manual Page	6002-6010	Withdrawn	ARF6002-6010.pdf

RESERVED FOR FUTURE USE

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## Supporting Document Schedules

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

**Review Status:**  
Filed 12/17/2008

**Comments:**

**Attachment:**

AR P&C Transmittal Document.pdf

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

<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>
Farmers Insurance Group	0212

<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>
Farmers Insurance Exchange	CA	21652	95-2575893
Farmers Insurance Company, Inc	CA	21628	48-0609012

<b>5. Company Tracking Number</b>	<b>HAR0803-105830 AND HAR0803-205830</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
	Gary Gordon 4700 Wilshire Blvd Los Angeles, CA 90023	Personal Lines Contracts	(323) 932-3358	(323) 932-3950	gary.gordon@farmersinsurance.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Karen Lacy		

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

<b>9. Type of Insurance (TOI)</b>	<b>Homeowners</b>
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	<b>Homeowners Sub TOI Combinations</b>
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	<b>Next Generation Homeowners – Endorsement Revisions</b>
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> <b>Rules</b> <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)
<b>14. Effective Date(s) Requested</b>	New: <b>12/15/2008</b> Renewal:
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	12/12/2008
<b>19. Status of filing in domicile</b>	<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 #	HAR0803-105830 AND HAR0803-205830
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21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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**Please see cover memo.**

22.	<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]
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**Check #: EFT**  
**Amount: \$25.00**

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

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