

SERFF Tracking Number: HRLV-125939460 State: Arkansas
Filing Company: Harleysville Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CLGS120408-1
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: CL
Project Name/Number: HIC Company Address Change/

Filing at a Glance

Company: Harleysville Insurance Company

Product Name: CL

TOI: 35.0 Interline Filings

Sub-TOI: 35.0002 Commercial Interline Filings

Filing Type: Form

Effective Date Requested (New): 02/01/2009

Effective Date Requested (Renewal): 02/01/2009

SERFF Tr Num: HRLV-125939460

SERFF Status: Closed

Co Tr Num: CLGS120408-1

Co Status:

Author: Carol Zwoyer

Date Submitted: 12/12/2008

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Disposition Date: 12/12/2008

Disposition Status: Approved

Effective Date (New): 02/01/2009

Effective Date (Renewal):

02/01/2009

State Filing Description:

General Information

Project Name: HIC Company Address Change

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 12/12/2008

State Status Changed: 12/12/2008

Corresponding Filing Tracking Number:

Filing Description:

We submit our policy jacket which is being revised to reflect the change in the mailing address.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

Carol Zwoyer, Senior State Filing Analyst

czwoyer@harleysvillegroup.com

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355 Maple Avenue (215) 256-5735 [Phone]
Harleysville, PA 19438-2297 (215) 256-5678[FAX]

Filing Company Information

Harleysville Insurance Company CoCode: 23582 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: 41-0417250

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Harleysville Insurance Company	\$50.00	12/12/2008	24502148

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Correspondence Summary

Dispositions

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

SERFF Tracking Number: *HRLV-125939460* *State:* *Arkansas*
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Disposition

Disposition Date: 12/12/2008

Effective Date (New): 02/01/2009

Effective Date (Renewal): 02/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Policy Jacket	PJ-0023	11-08	Other	Replaced	Replaced Form #: 02-05 edition Previous Filing #:		PJ-0023 (Ed. 11-08).pdf

**Harleysville
Insurance
Company**
A Stock Company



This policy jacket with the policy provisions, declarations or information page, and endorsements, if any, completes this policy.

We will provide the insurance described in this policy in return for the premium and compliance with all applicable policy provisions

In Witness Whereof, the Company has caused this policy to be executed and attested.



Michael L. Browne
President & Chief Executive Officer



Robert A. Kauffman
Secretary

SERFF Tracking Number: *HRLV-125939460* *State:* *Arkansas*
Filing Company: *Harleysville Insurance Company* *State Tracking Number:* *EFT \$50*
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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 12/12/2008

Comments:

Attachment:

NAIC 2007 - AR.pdf

Property & Casualty Transmittal Document

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: <table style="width: 100%; border: none;"> <tr> <td style="border: none;">New Business</td> <td style="border: none; width: 150px;"></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					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Harleysville Insurance Company	PA	23582	41-0417250	

5. Company Tracking Number	125939460
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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)	Commercial Lines
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 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: 02/1/2009 Renewal: 02/01/2009

Property & Casualty Transmittal Document---

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	12/12/08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved
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]	

We submit the following policy jacket which is being revised to reflect the change in the mailing address. This policy jacket is applicable to all commercial lines where we actively transact business.

Attached: PJ-0023 (Ed. 11-08), Policy Jacket - Harleysville Insurance Company

Withdrawn: PJ-0023 (Ed. 2-05)

Rule of application: this change is applicable to all policies effective on or after February 1, 2009.

Your favorable consideration will be appreciated.

22.	<p>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]</p> <p>Check #: EFT Amount: 50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>
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*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**