

SERFF Tracking Number: PENS-125939611 State: Arkansas
Filing Company: Bankers Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: VSI 2008
TOI: 28.0 Credit Sub-TOI: 28.0002 Creditor-Placed Auto
Product Name: Lenders Comprehensive Single Interest Insurance
Project Name/Number: Blanket VSI/VSI 2008

Filing at a Glance

Company: Bankers Insurance Company

Product Name: Lenders Comprehensive Single SERFF Tr Num: PENS-125939611 State: Arkansas

Interest Insurance

TOI: 28.0 Credit

SERFF Status: Closed

State Tr Num: EFT \$100

Sub-TOI: 28.0002 Creditor-Placed Auto

Co Tr Num: VSI 2008

State Status: Fees verified and received

Filing Type: Rate/Rule

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: Stephen Gardiner

Disposition Date: 12/10/2008

Date Submitted: 12/10/2008

Disposition Status: Exempt from Review

Effective Date Requested (New): On Approval

Effective Date (New): 12/10/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):
12/10/2008

State Filing Description:

General Information

Project Name: Blanket VSI

Status of Filing in Domicile: Pending

Project Number: VSI 2008

Domicile Status Comments:

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 12/10/2008

State Status Changed: 12/10/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The program is a blanket all-risk physical damage insurance program designed to protect the financial interests of a lender in financed collateral such as an auto, boat, RV, etc. The coverage protects the financial interests of the lender by assuring that should the borrower fail to carry physical damage insurance on the financed collateral there will be such insurance available to repair or replace the collateral should it become damaged or stolen. The lender pays the entire premium and the borrower is not charged for the insurance cost. The insurance protects the lender only. No coverage is

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afforded the borrower.

Company and Contact

Filing Contact Information

(This filing was made by a third party - peninsulamarketinggroup)

Stephen Gardiner, Consultant pmg_inc@comcast.net
 PMB 69 (941) 698-0385 [Phone]
 Englewood, FL 34224 (941) 698-0325[FAX]

Filing Company Information

Bankers Insurance Company CoCode: 33162 State of Domicile: Florida
 11101 Roosevelt Blvd. N Group Code: 689 Company Type: Property and
 St. Petersburg, FL 33716 Group Name: Bankers Insurance State ID Number:
 Corp.
 (727) 803-4006 ext. [Phone] FEIN Number: 59-1673015

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bankers Insurance Company	\$100.00	12/10/2008	24447350

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Exempt from Review	Llyweyia Rawlins	12/10/2008	12/10/2008

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Disposition

Disposition Date: 12/10/2008

Effective Date (New): 12/10/2008

Effective Date (Renewal): 12/10/2008

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:
Bankers Insurance Company	0.000%	\$0	0	\$0	0.000%	0.000%	0.000%

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Transmittal Document	Accepted for Informational Purposes	Yes
Supporting Document	Transmittal Letter	Accepted for Informational Purposes	Yes
Supporting Document	Authorization Letter	Accepted for Informational Purposes	Yes
Rate	Rate & Rules Manual	Accepted for Informational Purposes	Yes
Rate	Rate Justification Memo	Accepted for Informational Purposes	Yes
Rate	Projected Expenses	Accepted for Informational Purposes	Yes

SERFF Tracking Number: PENS-125939611

State: Arkansas

Filing Company: Bankers Insurance Company

State Tracking Number: EFT \$100

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Rate Information

Rate data applies to filing.

Filing Method:

Review & Approval

Rate Change Type:

Neutral

Overall Percentage of Last Rate Revision:

0.000%

Effective Date of Last Rate Revision:

12/10/2008

Filing Method of Last Filing:

new

Company Rate Information

Company Name:	Overall % Indicated Change:	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):
Bankers Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Accepted for Informational Purposes	Rate & Rules Manual	all	New	Rules and Rate Manual.pdf
Accepted for Informational Purposes	Rate Justification Memo	all	New	Rate Justification Memo.pdf
Accepted for Informational Purposes	Projected Expenses	all	New	Projected Expenses and Profitability.pdf

BANKERS

INSURANCE GROUP

**Lenders
Comprehensive
Single Interest
Insurance
Rates and Rules Manual**

BANKERS INSURANCE COMPANY

PO Box 33060
St. Petersburg, Florida 33733
800-627-0000

LENDER'S COMPREHENSIVE SINGLE INTEREST INSURANCE Rates and Rules Manual

A. UNDERWRITING RULES

1. Term

This product insures a lender's interest in collateral secured by various forms of installment credit agreements (Instruments) from all-risk physical damage and other coverages specific to the needs of a lender. The insured lender may choose to purchase this coverage on their entire portfolio of installment credit agreements or specific segments of their portfolio meeting eligibility criteria. The issued policy shall specifically define covered credit agreements and eligible collateral.

Coverage is effective for losses occurring during the term of the policy. Coverage for loss to any individual item of eligible collateral shall cease upon: (1) the date that the insured lender ceases to have a security interest in the collateral, (2) the date the insured lender waives coverage on the collateral, or (3) cancellation or non-renewal of the policy.

The standard policy period shall be one (1) year. In the event that policy is issued "until cancelled", annual anniversary dates shall be recognized for purposes of non-renewal or conditional renewal.

2. Physical Damage Coverage Options

This program provides physical damage coverage on an All-Risk basis (except as excluded). The borrower is contractually required under the credit agreement to carry hazard insurance naming the lender as loss payee. Our product provides contingent physical damage coverage for the insured lender in the event that the lender suffers a financial loss due to damage on insured property at the time of repossession, for which the borrower did not have acceptable insurance.

3. Other Coverage Options

This is a comprehensive product protecting the insured lender from various exposures to financial loss in addition to physical damage. In addition to All Risk Physical Damage, other coverage available under this policy include: Mechanics Lien, Repossession Expense, Security Interest Filing Errors and Omissions, Confiscation and Skip Insurance, and Repossessed Vehicles Insurance. Such coverage is purchased on a blanket basis.

4. Eligible Collateral (Insured Property)

The Insured Creditor may request coverage for: (a.) their entire portfolio of new credit agreement originations; (b.) their entire portfolio of in-force and new credit agreements (Assumption of Coverage); (c.) specific classes of credit agreements (e.g. leases, loans, direct originations, indirect originations, serviced loans, tracked loans, untracked loans);

Eligible collateral includes but is not limited to: Private Passenger Automobiles; Pick-Up Trucks; Campers; Sport Utility Vehicles (SUV); Panel Trucks & Vans; Motorcycles; All Terrain Vehicles (ATV); Boats (pleasure only), Trailers and Outboard Motors; Recreational Vehicles (Motorized Homes, Travel Trailers, 5th Wheel Trailers, Camping Trailers, Tent Campers); Snowmobiles; Farm Equipment; Horse Trailers; Office trailers; Miscellaneous Motorized Light Equipment, i.e. Golf Carts, Fork Lifts, etc.; Mobile Homes, Aircraft (tie-down only); and Miscellaneous Chattels in which the lender has a security interest. Eligible collateral shall be defined in the Policy Declarations or by endorsement.

Each program is customized to address the specific characteristics of the insured lender's portfolio. The Company reserves the right to establish collateral eligibility such as maximum boat length and horsepower.

5. Credit Agreement Type

The standard policy insures traditional credit agreements which are based upon regular monthly installment payments. If the credit agreements are repayable in increments longer than monthly installments or are subject to balloon or single payments, the inclusion of those agreements must be specified on the inclusion of Insured Property endorsement.

6. Maximum Credit Agreement Amount and Term

The standard policy shall cover eligible collateral in which the total amount of all remaining payments does not exceed [\$50,000.00]. Amounts in excess of [\$50,000.00] require the prior approval of the Company.

The standard policy will cover eligible collateral in which the total number of all payments does not exceed [72] months. Terms in excess of [72] months, but not to exceed [180] months, require prior Company approval.

Based upon underwriting considerations, the Company reserves the right to vary the maximum credit agreement term and maximum credit agreement amount by type of eligible collateral.

7. Deductible Schedule

The rates developed contemplate a deductible applicable to each loss occurrence.

\$0.00 Deductible	10%
\$250.00 Deductible	0%
\$500.00 Deductible	-10%
\$1,000.00 Deductible	-20%

8. Rating Base

The blanket single interest coverages of: A – All Risk Physical Damage, B – Mechanics Lien, C – Repossession Return Expense, D – Security Interest Filing Errors and Omissions, E – Repossessed Property, F - Confiscation and Skip Insurance are rated on a per eligible loan basis or per outstanding balance basis, as specified on the Declarations page of the Policy. The Company shall have the right to audit the policy after each reporting period cycle selected in the Policy Declarations during the Policy Period and within sixty (60) days after cancellation or expiration to determine the premium due.

Rates are surcharged or discounted for various types of credit agreements, collateral and Insured Creditors.

9. Minimum Premium

The minimum premium applicable to this program is [\$150.00].

10. Auditable Policy

All policies are auditable within sixty (60) after the time period cycle selected in the Policy Declarations during the Policy Period and within sixty (60) days after the cancellation or expiration to determine the premium due.

11. Policy Fees

There are no policy fees applicable to this program.

12. Refund of Premium

All premiums shall be fully earned when paid and no refund of premium shall be made by the Company upon cancellation for any reason whatsoever.

13. Rounding of Premium

- a. \$0.49 and under, round premium downward to the nearest whole dollar.
- b. \$0.50 and over, round premium upward to the nearest whole dollar.

14. Additional Insured's and Newly Acquired Entities

Subject to the Company's approval, the insured lender may request that an additional insured (such as a assignee, trustee or investor) be added to the Policy to the extent of their interest in the collateral. The Company reserves the right to approve the addition of subsidiaries, affiliates or newly formed entities for inclusion under the policy.

15. Coverage Options

The insured lender may select from various coverage parts and endorsements. Rates and reporting periods for all optional coverages shall be itemized on the Forms Schedule.

B. LENDER'S COMPREHENSIVE SINGLE INTEREST RATES

The premium rate for traditional Lender's Comprehensive Single Interest coverage, Per Loan Rate, shall be calculated by multiplying the total premium rate(s) (if more than one (1) coverage is selected) times the total number of eligible loans made by the insured lender for the month. The premium for the Monthly Outstanding Balance rate shall be calculated by multiplying the rate(s) (if more than one (1) coverage is selected) times each \$100.00 of outstanding balances for the total of all insured accounts.

<u>Coverage</u>	<u>Rate Per Loan</u>	<u>Monthly Outstanding Balance Per \$100 of Outstanding Balance</u>
A All Risk Physical Damage	\$ 22.50	\$.015
B Mechanics Lien	\$ 1.25	\$.0007
C Repossession Return Expense	\$ 1.25	\$.0007
D Security Interest Filing Errors and Omissions	\$ 1.25	\$.0007
E Repossessed Property	\$ 1.25	\$.0007
F Confiscation and Skip Protection	\$ 3.75	\$.0032

OPTIONAL ENDORSEMENTS

General Change Endorsement

Assumption of Coverage Endorsement

Inclusion of Insured Property Endorsement

Rate Endorsement

Waiver of Subrogation Endorsement

Confiscation and Skip Protection Endorsement

THIS SPACE RESERVED FOR ADDITIONAL ENDORSEMENTS

C. RISK MODIFICATIONS

Risk Modification shall be applied to each Lender. All Policy coverage's are eligible for Risk Modification. The following modifications shall be applied to recognize such special characteristics of the risk as are not fully reflected in the basic premiums or rates. Each Lender applicant will be reviewed for applicability of modification. A debit or credit may be applied based on the individual risk characteristics of each applicant. Factors determining the modifications are:

SCHEDULE RATE - RATE MODIFICATION		
RISK CHARACTERISTICS	CREDIT	DEBIT
<p><u>Management Experience</u> Experienced management improves control of the exposures of acceptability of the debtor's credit and the debtor's ability to provide the insurance required by the credit agreement. Considerations include average experience, average turnover of key personnel responsible for verifying acceptable insurance, collections, repossessions and skips.</p>	10.00% to	10.00%
<p><u>New Vs. Used Autos</u> The portfolio contains a higher or lower than average proportions of credit transactions on used autos.</p>	10.00% to	10.00%
<p><u>Administrative Standards and Controls</u> Creditor handles their own collection and repossession duties. Credit standards are established and followed. Procedures are in place to monitor and control delinquencies, repossessions and unrecovered skips.</p>	15.00% to	15.00%
<p><u>Adherence to Credit Standards</u> Careful adherence to minimum credit standards will reduce the possibility that a debtor will not furnish insurance.</p>	10.00% to	10.00%
<p><u>Delinquency Rate</u> Repossessions arise as a result of delinquencies. Delinquent debtors would also tend to have inadequate or delinquent insurance.</p>	5.00% to	5.00%
<p><u>Average Down Payment</u> Percent of loan down payment is above/below average.</p>	5.00% to	5.00%
<p><u>Loan Portfolio Profile</u> The portfolio contains a higher or lower than average proportion of indirect credit transactions. (Contains a majority of A, B or C credit quality instruments.</p>	15.00% to	15.00%
<p><u>Average Balance/Term</u> The average balance owing and/or remaining term on credit transactions in the portfolio is higher or lower than the normal average.</p>	10.00% to	10.00%
<p><u>Financial Strength</u> Previous experience indicates that the number of new loans made each year is increasing by a greater or less than 10%. There is a high or low level of industry diversification in the geographic area. Degree of regulations based upon lender charter.</p>	15.00% to	15.00%

1. The amount of schedule credit or debit shall be applied to the single interest premium in a multiplicative manner after the application of the surcharge for optional and additional coverages (if any) and the credit for the deductible.
2. All schedule credits and all schedule debits shall be based on evidence that is contained in the file at the time the schedule credit or debit is applied.
3. The effective date of any schedule credit or debit shall not be any date prior to our receipt of the evidence supporting the credit or debit.

4. Any modification developed under this plan shall be for the term of the Policy. If the modification proves to be inequitable because of material change conditions, a new modification based upon such changed conditions shall be established. The new modification will apply to all new loans effective the date of change.
5. In no event shall the sum of all Risk Modification factors exceed a maximum debit of 50% or credit of 50%. The Risk Modification factors will be applied equitably and fairly to all applicable risks. Upon request, the Insured shall be advised of any applicable Individual Risk Modification and the factors giving rise to such modification.

BANKERS INSURANCE COMPANY

LENDERS SINGLE INTEREST

Rate Justification

Bankers Insurance does not have any relevant experience for this program. The rates are based on a program filed by Triton Insurance Company with some minor modifications.

Based on the projected expenses of this program, we would need to file a program that would produce a loss ratio of approximately 62%.

In our judgment, the attached rates should produce an acceptable loss ratio. Of course we will monitor and adjust these rates based on actual experience.

Bankers Insurance Company
000s

Projected Expenses and Profitability

	2007 - Phy Damage		Selected
	Amount	%	%
PREMIUM WRITTEN	1,104		
PREMIUM EARNED	713		
INCURRED LOSSES	164		
ADJUSTING AND OTHER EXP	(43)	-6.0%	5.0%
COMMISSIONS	440	61.7%	16.0%
TAXES	21	2.9%	3.0%
OTHER ACQUISITION COSTS	109	15.3%	2.0%
GENERAL EXPENSES	-34	-4.8%	12.0%
OTHER INCOME	-	0.0%	0.0%
PROFIT AND CONTINGENCIES			5.0%
INVESTMENT INCOME OFFSET			-5.0%
PERMISSABLE LOSS RATIO			62.0%

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Project Name/Number: Blanket VSI/VSI 2008

Supporting Document Schedules

Satisfied -Name: Transmittal Document **Review Status:** Accepted for Informational 12/10/2008
Purposes

Comments:

Attachment:

Transmittal Document (Rates).pdf

Satisfied -Name: Transmittal Letter **Review Status:** Accepted for Informational 12/10/2008
Purposes

Comments:

Attachment:

Transmittal Document (Rates).pdf

Satisfied -Name: Authorization Letter **Review Status:** Accepted for Informational 12/10/2008
Purposes

Comments:

Attachment:

BIC Filing Authorization Letter.pdf

Property & Casualty Transmittal Document

Reset Form

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 #:

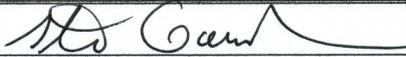
h. Subject Codes

3. Group Name	Bankers Insurance Group				Group NAIC #	0689
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Bankers Insurance Company	Florida	33162	59-1673015			

5. Company Tracking Number VSI 2008

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Stephen Gardiner	Consultant	941-698-0385	941-698-0325	pmg_inc@comcast.net

7. Signature of authorized filer 

8. Please print name of authorized filer Stephen Gardiner

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

9. Type of Insurance (TOI)	28.2 Credit - Personal Property
10. Sub-Type of Insurance (Sub-TOI)	28.2002 Creditor-Placed Auto
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 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: As Pproved Renewal:
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	N/A
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 # VSI 2008

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

The program is a blanket all-risk physical damage insurance program designed to protect the financial interests of a lender in financed collateral such as an auto, boat, RV, etc. The coverage protects the financial interests of a lender by assuring that should the borrower fail to carry physical damage insurance on the financed collateral there will be such physical damage insurance available to repair or replace the collateral should it become damaged or stolen. The lender pays the entire premium and the borrower is not charged for the insurance cost. No coverage is afforded the borrower.

[View Complete Filing Description](#)

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.)

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	VSI 2008
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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4a. Rate Change by Company (As Proposed)							
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
	0	0	0	0	0	0	0

4b. Rate Change by Company (As Accepted) For State Use Only							
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)	new	
5b	Overall percentage rate impact for this filing	new	
5c	Effect of Rate Filing – Written premium change for this program	new	
5d	Effect of Rate Filing – Number of policyholders affected	new	

6.	Overall percentage of last rate revision	new
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7.	Effective Date of last rate revision	new program
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	new program
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Rate & Rules Manual	<input checked="" 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	

Property & Casualty Transmittal Document

Reset Form

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

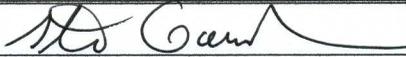
3. Group Name	Group NAIC #
Bankers Insurance Group	0689

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Bankers Insurance Company	Florida	33162	59-1673015	

5. Company Tracking Number	VSI 2008
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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
Stephen Gardiner	Consultant	941-698-0385	941-698-0325	pmg_inc@comcast.net

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

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

9. Type of Insurance (TOI)	28.2 Credit - Personal Property
10. Sub-Type of Insurance (Sub-TOI)	28.2002 Creditor-Placed Auto
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 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: As Pproved Renewal:
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	N/A
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—

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[View Complete Filing Description](#)

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.)

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	VSI 2008
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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4a. Rate Change by Company (As Proposed)							
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
	0	0	0	0	0	0	0

4b. Rate Change by Company (As Accepted) For State Use Only							
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)	new	
5b	Overall percentage rate impact for this filing	new	
5c	Effect of Rate Filing – Written premium change for this program	new	
5d	Effect of Rate Filing – Number of policyholders affected	new	

6.	Overall percentage of last rate revision	new
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7.	Effective Date of last rate revision	new program
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	new program
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Rate & Rules Manual	<input checked="" 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	



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Bankers Insurance Company

First Community Insurance Company

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P.O. Box 33060

St. Petersburg, Florida 33733-8060

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1-800-627-0000

727-823-4000

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www.bankersinsurance.com

November 6, 2008

Mr. Stephen R. Gardiner
President
Peninsula Marketing Group, Inc.
PMB 69
2828 S. McCall Rd., Suite 32
Englewood, FL 34224

RE: Product Submission Authorization

Dear Mr. Gardiner,

I, Brian Keefer, Executive Vice President of the insurance company listed below, hereby authorize Stephen R. Gardiner or other authorized employees of Peninsula Marketing Group, Inc. to file and submit insurance policy forms and rates on our behalf with all state insurance departments. This authorization is effective until such date as revoked.

COMPANY

Bankers Insurance Company

NAIC GROUP #

0689

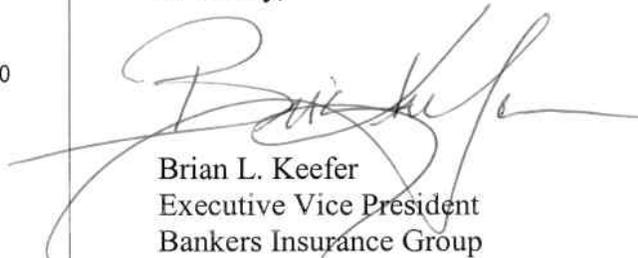
NAIC #

33162

FEDERAL TAX ID #

59-1673015

Sincerely,



Brian L. Keefer
Executive Vice President
Bankers Insurance Group