

SERFF Tracking Number: FMHL-125455686 State: Arkansas  
 Filing Company: Farmers Mutual Hail Insurance Company of Iowa State Tracking Number: #1160306 \$50  
 Company Tracking Number: FMH-AR-08-F2  
 TOI: 02.1 Crop Sub-TOI: 02.1001 Crop-Hail Non-Federally Reinsured Only  
 Product Name: Crop Hail  
 Project Name/Number: /

## Filing at a Glance

Company: Farmers Mutual Hail Insurance Company of Iowa

Product Name: Crop Hail	SERFF Tr Num: FMHL-125455686	State: Arkansas
TOI: 02.1 Crop	SERFF Status: Closed	State Tr Num: #1160306 \$50
Sub-TOI: 02.1001 Crop-Hail Non-Federally Reinsured Only	Co Tr Num: FMH-AR-08-F2	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Authors: Connie Doud, Lisa Morrissey	Disposition Date: 02/08/2008
	Date Submitted: 01/28/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 02/08/2008
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal): 02/08/2008

State Filing Description:

## General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 02/08/2008	
State Status Changed: 02/05/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

We are filing our updated Declaration page which has been changed to reflect our new company secretary, Scott Rutledge.

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## Company and Contact

### Filing Contact Information

Connie Doud, Research Analyst connie@fmh.com  
 6785 Westown Parkway (515) 237-7389 [Phone]  
 West Des Moines, IA 50266-7727 (515) 282-1220[FAX]

### Filing Company Information

Farmers Mutual Hail Insurance Company of Iowa CoCode: 13897 State of Domicile: Iowa  
 6785 Westown Parkway Group Code: 569 Company Type: Property Casualty  
 West Des Moines, IA 50266-7727 Group Name: Farmers Mutual Hail State ID Number:  
 (515) 282-9104 ext. [Phone] FEIN Number: 42-0245840  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: 1 filing = \$50.00  
 Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0001160306	\$50.00	01/28/2008

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/08/2008	02/08/2008

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## Disposition

Disposition Date: 02/08/2008  
Effective Date (New): 02/08/2008  
Effective Date (Renewal): 02/08/2008  
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	Approved	Yes
<b>Form</b>	Delcaration Page Compare	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	H-1 DEC 08		Declaration	Replaced s/Schedule	Replaced Form #:0.00 H-1 AR 06 Previous Filing #: FMH-AR-06-F1		2008 Decpage.pdf
Approved	Delcaration Page Compare	H-1 DEC 08 and H-1 DEC 06		Other	New		0.00	Decpage-Compare.pdf



6785 Westown Parkway  
West Des Moines, Iowa 50266-7727

CROP HAIL FIRE AND LIGHTNING	EFFECTIVE DATE	EXPIRATION DATE	AGENT	TERM	POLICY NUMBER
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POLICY DECLARATIONS

NAMED INSURED

IN WITNESS WHEREOF the Farmers Mutual Hail Insurance Company of Iowa has caused these presents to be signed by its President and attested by its Secretary, at West Des Moines, Dallas County, Iowa.

Attested:

A handwritten signature in black ink, appearing to read "Steven C. Rutledge".

Steven C. Rutledge, President

A handwritten signature in black ink, appearing to read "Scott Rutledge".

Scott Rutledge, Secretary

# Text Comparison

## Documents Compared

2006 Decpage.pdf - Adobe Acrobat Professional

2008 Decpage.pdf

## Summary

5 word(s) added

6 word(s) deleted

66 word(s) matched

2 block(s) matched

To see where the changes are, scroll down.



6785 Westown Parkway  
West Des Moines, Iowa 50266-7727

CROP HAIL  
FIRE AND LIGHTNING

EFFECTIVE DATE

EXPIRATION DATE

AGENT

TERM

POLICY NUMBER

POLICY DECLARATIONS

NAMED INSURED

IN WITNESS WHEREOF the Farmers Mutual Hail Insurance Company of Iowa has caused these presents to be signed by its President and attested by its Secretary, at West Des Moines, Dallas County, Iowa.

Attested:

Steven C. Rutledge, President

~~Michael W.~~ Rutledge, Secretary



6785 Westown Parkway  
West Des Moines, Iowa 50266-7727

CROP HAIL FIRE AND LIGHTNING	EFFECTIVE DATE	EXPIRATION DATE	AGENT	TERM	POLICY NUMBER
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POLICY DECLARATIONS

NAMED INSURED

IN WITNESS WHEREOF the Farmers Mutual Hail Insurance Company of Iowa has caused these presents to be signed by its President and attested by its Secretary, at West Des Moines, Dallas County, Iowa.

Attested:

Handwritten signature of Steven C. Rutledge in black ink.

Steven C. Rutledge, President

Handwritten signature of Scott Rutledge in black ink.

Scott Rutledge, Secretary

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 02/08/2008  
**Comments:**  
**Attachment:**  
industry\_rates\_PCtransDoc\_intelligent.pdf

## Property & Casualty Transmittal Document

<p><b>1. Reserved for Insurance Dept. Use Only</b></p>	<p><b>2. Insurance Department Use only</b></p> <p>a. Date the filing is received:</p> <p>b. Analyst:</p> <p>c. Disposition:</p> <p>d. Date of disposition of the filing:</p> <p>e. Effective date of filing:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> <p>f. State Filing #:</p> <p>g. SERFF Filing #:</p> <p>h. Subject Codes</p>	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.)

PC TD-1 pg 2 of 2

## 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

## 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.)**

<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 form filing number</b> (Company tracking number of form filing, if applicable)	
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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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)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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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

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

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
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<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	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	