

SERFF Tracking Number: PERR-125469936 State: Arkansas  
Filing Company: HISCOX Insurance Company Inc. State Tracking Number: #101797 \$50  
Company Tracking Number: ALSIC-CIM-NC-AR-07-01-F  
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: ALSIC-CIM-NC-AR-07-01-F  
Project Name/Number: ALSIC-CIM-NC-AR-07-01-F/ALSIC-CIM-NC-AR-07-01-F

## Filing at a Glance

Company: HISCOX Insurance Company Inc.

Product Name: ALSIC-CIM-NC-AR-07-01-F

TOI: 09.0 Inland Marine

Sub-TOI: 09.0005 Other Commercial Inland Marine

Filing Type: Form

SERFF Tr Num: PERR-125469936 State: Arkansas

SERFF Status: Closed State Tr Num: #101797 \$50

Co Tr Num: ALSIC-CIM-NC-AR-07-01-F State Status: Fees verified and received

Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Author: Lance Julian Disposition Date: 02/22/2008

Date Submitted: 02/12/2008 Disposition Status: Approved

Effective Date Requested (New): 03/15/2008

Effective Date Requested (Renewal): 03/15/2008

Effective Date (New): 03/15/2008

Effective Date (Renewal):

03/15/2008

State Filing Description:

## General Information

Project Name: ALSIC-CIM-NC-AR-07-01-F

Project Number: ALSIC-CIM-NC-AR-07-01-F

Reference Organization:

Reference Title:

Filing Status Changed: 02/22/2008

State Status Changed: 02/15/2008

Corresponding Filing Tracking Number: N/A

Filing Description:

On behalf of HISCOX Insurance Company Inc. ("the Company"), we are filing a name change endorsement to inform their current insureds that the insurance company providing their coverage is changing their name from American Live Stock Insurance Company to HISCOX Insurance Company Inc. Please see the enclosed filing memorandum for details.

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

The Company respectfully requests that this filing be implemented for all policies on 03/15/2008 or the earliest possible date upon approval/acknowledgement.

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 Project Name/Number: ALSIC-CIM-NC-AR-07-01-F/ALSIC-CIM-NC-AR-07-01-F

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the form contained in this filing along with the filing memorandum. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. The Company response will be submitted to your attention as soon as we receive it.

We trust you will find this submission acceptable and as such look forward to your approval.

Please do not hesitate to contact us with any questions or comments.

## Company and Contact

### Filing Contact Information

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

Lance Julian, State Filings Project Coordinator doi@perrknight.com  
 881 Alma Real Drive ste 205 (888) 201-5123 [Phone]  
 Pacific Palisades, CA 90272 (310) 230-8529[FAX]

### Filing Company Information

|                               |                         |                             |
|-------------------------------|-------------------------|-----------------------------|
| HISCOX Insurance Company Inc. | CoCode: 10200           | State of Domicile: Illinois |
| 200 South Fourth Street       | Group Code:             | Company Type:               |
| Geneva, IL 60134-0520         | Group Name:             | State ID Number:            |
| (914) 273-7411 ext. [Phone]   | FEIN Number: 98-6000550 |                             |

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## Filing Fees

|                  |                      |
|------------------|----------------------|
| Fee Required?    | Yes                  |
| Fee Amount:      | \$50.00              |
| Retaliatory?     | No                   |
| Fee Explanation: | \$50 per form filing |
| Per Company:     | No                   |

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| COMPANY                       | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-------------------------------|--------|----------------|---------------|
| HISCOX Insurance Company Inc. | \$0.00 | 02/12/2008     |               |

| CHECK NUMBER | CHECK AMOUNT | CHECK DATE |
|--------------|--------------|------------|
| 101797       | \$50.00      | 02/06/2008 |

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## Correspondence Summary

### Dispositions

| Status   | Created By       | Created On | Date Submitted |
|----------|------------------|------------|----------------|
| Approved | Llyweyia Rawlins | 02/22/2008 | 02/22/2008     |

SERFF Tracking Number: PERR-125469936 State: Arkansas  
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Project Name/Number: ALSIC-CIM-NC-AR-07-01-F/ALSIC-CIM-NC-AR-07-01-F

## Disposition

Disposition Date: 02/22/2008

Effective Date (New): 03/15/2008

Effective Date (Renewal): 03/15/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125469936 State: Arkansas  
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| Item Type           | Item Name  | Item Status | Public Access |
|---------------------|--|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved    | Yes           |
| Supporting Document | Filing Memorandum & Letter of Authorization      | Approved    | Yes           |
| Form                | Company Name Change Endorsement                  | Approved    | Yes           |

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## Form Schedule

| Review Status | Form Name                       | Form # | Edition Date | Form Type Action                        | Action Specific Data | Readability | Attachment |
|---------------|---------------------------------|--------|--------------|---|----------------------|-------------|------------|
| Approved      | Company Name Change Endorsement | CC-100 | 12/07        | Endorsement/New<br>Amendment/Conditions |                      | 0.00        | CC-100.pdf |



American  
Live Stock  
Inc.

On behalf of Hiscox Insurance Company Inc.  
P.O. Box 520  
Geneva, Illinois 60134-0520

## **Company Name Change Endorsement**

It is agreed that the policy to which this endorsement is attached is revised as follows:

All references in the policy, and in all attachments and endorsements to the policy, to the "American Live Stock Insurance Company" are hereby changed to "Hiscox Insurance Company Inc."

The terms "Company," "we," "us," and "our", wherever used in this policy, mean Hiscox Insurance Company Inc.

All other terms and conditions of this policy remain unchanged.

*SERFF Tracking Number:*      *PERR-125469936*                      *State:*                      *Arkansas*  
*Filing Company:*              *HISCOX Insurance Company Inc.*              *State Tracking Number:*      *#101797 \$50*  
*Company Tracking Number:*      *ALSIC-CIM-NC-AR-07-01-F*  
*TOI:*                      *09.0 Inland Marine*                      *Sub-TOI:*                      *09.0005 Other Commercial Inland Marine*  
*Product Name:*              *ALSIC-CIM-NC-AR-07-01-F*  
*Project Name/Number:*      *ALSIC-CIM-NC-AR-07-01-F/ALSIC-CIM-NC-AR-07-01-F*

## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 02/22/2008

**Comments:**

**Attachments:**

HISCOX NAIC PCTD.pdf

HISCOX NAIC FFS.pdf

**Satisfied -Name:** Filing Memorandum & Letter of Authorization **Review Status:** Approved 02/22/2008

**Comments:**

**Attachments:**

CIM - Filing Memorandum.pdf

Letter of Authorization.pdf



|  |                         |
|--|-------------------------|
| <b>20. This filing transmittal is part of Company Tracking #</b> | ALSIC-CIM-NC-AR-07-01-F |
|--|-------------------------|

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

On behalf of Hiscox Insurance Company ("the Company"), we are filing a name change endorsement to inform their current insureds that the insurance company providing their coverage is changing their name from American Live Stock Insurance Company to HISCOX Insurance Company Inc. Please see the enclosed filing memorandum for details.

The Company respectfully requests that this filing be implemented for all policies on 03/15/2008 or the earliest possible date upon approval/acknowledgement.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the form contained in this filing along with the filing memorandum. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. The Company response will be submitted to your attention as soon as we receive it.

We trust you will find this submission acceptable and as such look forward to your approval.

Please do not hesitate to contact us with any questions or comments.

|   |
|---|
| <b>22. Filing Fees</b> (Filer must provide check # and fee amount if applicable)<br>[If a state requires you to show how you calculated your filing fees, place that calculation below] |
|---|

**Check #: 101797**  
**Amount: 50.00**

**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.)**

## 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>  | <b>ALSIC-CIM-NC-AR-07-01-F</b>     |                                  |  |   |
| <b>2.</b> | <b>This filing corresponds to rate/rule filing number</b><br>(Company tracking number of rate/rule filing, if applicable) | <b>N/A</b>                         |                                  |  |   |
| <b>3.</b> | <b>Form Name /Description/Synopsis</b>  | <b>Form # Include edition date</b> | <b>Replacement or Withdrawn?</b> | <b>If replacement, give form # it replaces</b> | <b>Previous state filing number, if required by state</b> |

|    |                                 |                |   |  |  |
|----|---------------------------------|----------------|---|--|--|
| 01 | Company Name Change Endorsement | CC-100 (12/07) | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input checked="" type="checkbox"/> Neither |  |  |
| 02 |                                 |                | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither            |  |  |
| 03 |                                 |                | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither            |  |  |
| 04 |                                 |                | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither            |  |  |
| 05 |                                 |                | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither            |  |  |
| 06 |                                 |                | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither            |  |  |
| 07 |                                 |                | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither            |  |  |
| 08 |                                 |                | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither            |  |  |
| 09 |                                 |                | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither            |  |  |
| 10 |                                 |                | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither            |  |  |
| 11 |                                 |                | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither            |  |  |
| 12 |                                 |                | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither            |  |  |
| 13 |                                 |                | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither            |  |  |

American Live Stock Insurance Company  
(Renamed HISCOX Insurance Company Inc.)

Animal Mortality – Commercial Inland Marine  
Filing Revision – Forms ONLY

Filing Memorandum

American Live Stock Insurance Company (ALSIC) is filing a name change endorsement to inform their current insureds that the insurance company providing their coverage has changed their name to HISCOX Insurance Company Inc. This change will apply to ALSIC's Animal Mortality product under the Commercial Inland Marine line of business.

Attached to this filing is the "Company Name Change Endorsement" which will be sent to all current insureds in their renewal package.

# AMERICAN LIVE STOCK

CELEBRATING **50** YEARS OF SERVICE  
TO THE ANIMAL OWNER



# INSURANCE COMPANY

P.O. BOX 520  
GENEVA, ILLINOIS 60134-0520  
630 232-2100  
FAX: 630 232-2292  
[www.amlivestock.com](http://www.amlivestock.com)

January 2, 2008

**Re: American Live Stock Insurance Company (to be renamed Hiscox Insurance Company Inc. effective 12/31/2007)**

To Whom It May Concern:

Perr&Knight, Inc. is hereby authorized to submit rate, rule, and form filings on behalf of Hiscox Insurance Company Inc. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed to be in effect until rescinded in writing.

Please direct all correspondence and inquiries related to this filing to Perr&Knight, Inc. at the following address:

State Filings Department  
Perr&Knight, Inc.  
881 Alma Real Drive, Suite 205  
Pacific Palisades, CA 90272  
Phone: (310) 230-9339  
Fax: (310) 230-1061

Please contact me if you have any questions regarding this authorization.

Very truly yours,

Michael L. Rybak  
Vice President

[Michael.Rybak@Hiscox.com](mailto:Michael.Rybak@Hiscox.com)

---

#### OFFICERS

DUNCAN ALEXANDER  
*President*

MICHAEL L. RYBAK  
*Vice President &  
Chief Financial Officer*

DIANA L. KAUFMAN  
*Treasurer*

JUDITH L. CHALBERG  
*Assistant Secretary &  
Assistant Treasurer*