

SERFF Tracking Number: HRLV-125527887 State: Arkansas
Filing Company: Harleysville Mutual Insurance Company State Tracking Number: # \$0
Company Tracking Number: DEFKLG011808-1
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0007 Other CMP
Liability
Product Name: COP
Project Name/Number: COP deferrals/

Filing at a Glance

Company: Harleysville Mutual Insurance Company

Product Name: COP SERFF Tr Num: HRLV-125527887 State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: # \$0

Sub-TOI: 05.0007 Other CMP Co Tr Num: DEFKLG011808-1 State Status: Fees verified and received

Filing Type: Form Co Status: Submitted to State Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Author: Carol Zwoyer Disposition Date: 03/13/2008
Date Submitted: 03/07/2008 Disposition Status: Filed

Effective Date Requested (New): 05/01/2008 Effective Date (New): 05/01/2008
Effective Date Requested (Renewal): 05/01/2008 Effective Date (Renewal): 05/01/2008

State Filing Description:

General Information

Project Name: COP deferrals
Project Number:
Reference Organization: AAIS
Reference Title: Arkansas new and revised endorsements and schedules
Filing Status Changed: 03/13/2008
State Status Changed: 03/13/2008
Corresponding Filing Tracking Number:

Status of Filing in Domicile:
Domicile Status Comments:
Reference Number: AAIS-2007-96F
Advisory Org. Circular: 08-0021

Deemer Date:

Filing Description:

Harleysville Mutual Insurance Company does not wish to implement AAIS revision AAOS-2007-96F at this time and, therefore, requests approval to defer the filing.

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Company and Contact

Filing Contact Information

Carol Zwoyer, Senior State Filing Analyst czwoyer@harleysvillegroup.com
 355 Maple Avenue (215) 256-5735 [Phone]
 Harleysville, PA 19438-2297 (215) 256-5678[FAX]

Filing Company Information

Harleysville Mutual Insurance Company CoCode: 14168 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: 23-0902325

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Harleysville Mutual Insurance Company	\$0.00	03/07/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Llyweyia Rawlins	03/13/2008	03/13/2008

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Disposition

Disposition Date: 03/13/2008

Effective Date (New): 05/01/2008

Effective Date (Renewal): 05/01/2008

Status: Filed

Comment: Deferral filing to implement AAIS revision AAOS-2007-96F

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	cover letter	Filed	Yes

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Filed 03/13/2008

Comments:
Attachment:
NAIC 2007.pdf

Satisfied -Name: cover letter **Review Status:** Filed 03/13/2008

Comments:
Attachment:
AAIS-2007-96F.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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></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 Mutual Insurance Company	PA	14168	23-0902325	

5. Company Tracking Number	125527887
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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	
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8. Please print name of authorized filer	Carol Zwoyer
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Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Commercial Output Program
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 checked="" type="checkbox"/> Other (give description) deferral
14. Effective Date(s) Requested	New: 5/1/08 Renewal: 5/1/08

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	AAIS
17.	Reference Organization # & Title	AAIS-2007-96F
18.	Company's Date of Filing	3/7/08
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 #	125527887
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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American Association of Insurance Services has announced approval of Arkansas New and Revised Endorsements and Schedules be effective May 1, 2008.

Harleysville Mutual Insurance Company does not wish to implement this change at this time and, therefore, requests approval to defer the above captioned filing.

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]
<p>Check #: N/A Amount: N/A</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

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

HARLEYSVILLE MUTUAL INSURANCE COMPANY

355 Maple Avenue
Harleysville PA 19438-2297
www.harleysvillegroup.com

March 7, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

NAIC # 14168,
Commercial Output Program
AAIS Form Filing Numbers: AAIS-2007-96F
Filing Reference Number: 125527887

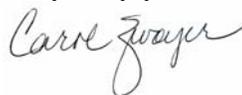
Dear Honorable Bowman:

American Association of Insurance Services has announced approval of Arkansas New and Revised Endorsements and Schedules be effective May 1, 2008.

Harleysville Mutual Insurance Company does not wish to implement this change at this time and, therefore, requests approval to defer the above captioned filing.

Your favorable consideration will be appreciated.

Very truly yours,



Carol Zwoyer, AAM, AIT
Senior State Filing Analyst
(215) 256-5735

czwoyer@Harleysvillegroup.com

CC: Kevin Grafton, Lisa Berke