

SERFF Tracking Number: STNA-125473602 State: Arkansas
Filing Company: State National Insurance Company Inc. State Tracking Number: #28923 \$50
Company Tracking Number: LG-UCC-AR-CA-001-F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
Product Name: Commercial Auto
Project Name/Number: Regional Trucking Program/LG-UCC-AR-CA-001-F

Filing at a Glance

Company: State National Insurance Company Inc.

Product Name: Commercial Auto

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0004 Truckers

SERFF Tr Num: STNA-125473602 State: Arkansas

SERFF Status: Closed State Tr Num: #28923 \$50

Co Tr Num: LG-UCC-AR-CA-001-F State Status: Fees verified and received

Filing Type: Form

Co Status:

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

Author: Larry Wilk

Disposition Date: 03/05/2008

Date Submitted: 02/25/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 03/05/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

03/05/2008

State Filing Description:

General Information

Project Name: Regional Trucking Program

Project Number: LG-UCC-AR-CA-001-F

Reference Organization: ISO

Reference Title:

Filing Status Changed: 03/05/2008

State Status Changed: 02/29/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number: Various

Advisory Org. Circular:

Deemer Date:

We are filing our Regional Trucking program. The text of the forms is identical to those filed by Universal Casualty Company. The applicable Universal Casualty Company filing numbers are AR-PC-07-023012 and AR-PC-07-026323.

With this filing we are also adopting all of ISO's currently approved forms.

SERFF Tracking Number: STNA-125473602 State: Arkansas
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Company and Contact

Filing Contact Information

Larry Wilk, Compliance Manager lwilk@univcas.com
 150 Northwest Point Blvd (847) 700-9163 [Phone]
 Elk Grove, IL 60007 (847) 228-4104[FAX]

Filing Company Information

State National Insurance Company Inc. CoCode: 12831 State of Domicile: Texas
 8200 Anderson Boulevard Group Code: 93 Company Type: Property & Casualty
 Fort Worth, TX 76120 Group Name: State ID Number:
 (800) 877-4567 ext. [Phone] FEIN Number: 75-1980552

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State National Insurance Company Inc.	\$0.00	02/25/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
28923	\$50.00	02/21/2008

SERFF Tracking Number: STNA-125473602 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/05/2008	03/05/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Uniform Transmittal Document-Property & Casualty	Supporting Document	Larry Wilk	03/04/2008	03/04/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Required Form	Note To Filer	Llyweyia Rawlins	03/04/2008	03/04/2008

SERFF Tracking Number: STNA-125473602 *State:* Arkansas
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Disposition

Disposition Date: 03/05/2008

Effective Date (New): 03/05/2008

Effective Date (Renewal): 03/05/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: STNA-125473602 State: Arkansas
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 Project Name/Number: Regional Trucking Program/LG-UCC-AR-CA-001-F

Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Third Party filing authorization	Approved	Yes
Form	Additional Insured	Approved	Yes
Form	Truckers Miscellaneous Equipment Coverage	Approved	Yes
Form	Exclusion - Movement Of Oversize Or Overweight Cargo	Approved	Yes
Form	Waiver - Transfer Of Rights Of Recovery Against Others To Us	Approved	Yes
Form	Additional Insured - Scheduled Person Or Organization - Primary Or Non-Contributory Basis	Approved	Yes
Form	Deluxe Coverage Endorsement	Approved	Yes
Form	Commercial Regional Truckers Insurance Policy	Approved	Yes
Form	Monthly Reporting Form	Approved	Yes

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Amendment Letter

Amendment Date:

Submitted Date: 03/04/2008

Comments:

NAIC Transmittal is attached below.

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Comment:

NAIC Transmittal.pdf

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Note To Filer

Created By:

Llyweyia Rawlins on 03/04/2008 08:30 AM

Subject:

Required Form

Comments:

All serff filings are required to have a Property & Casualty Transmittal Document completed.
So there won't be any further delay in reviewing this filing please complete a transmittal document.

Thank You

Llyweyia Rawlins

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Additional Insured	UCC 10 03	12 06	Endorsement/Amendment/Conditions		0.00	UCC 10 03 12 06.pdf
Approved	Truckers Miscellaneous Equipment Coverage	UCC 10 04	01 07	Endorsement/Amendment/Conditions		0.00	UCC 10 04 01 07.pdf
Approved	Exclusion - Movement Of Oversize Or Overweight Cargo	UCC 10 05	12 06	Endorsement/Amendment/Conditions		0.00	UCC 10 05 12 06.pdf
Approved	Waiver - Transfer Of Rights Of Recovery Against Others To Us	UCC 10 06	07 07	Endorsement/Amendment/Conditions		0.00	UCC 10 06 07 07 WAIVER - TRANSFER OF RIGHTS OF RECOVERY .pdf
Approved	Additional Insured - Scheduled Person Or Organization - Primary Or Non-Contributory Basis	UCC 10 08	07 07	Endorsement/Amendment/Conditions		0.00	UCC 10 08 07 07 - ADDITIONAL INSURED - SCHEDULED PERSON OR ORGANIZATION - PRIMARY OR NON-

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							CONTRIBUTORY BASIS.pdf
Approved	Deluxe Coverage UCC 10 09 07	09 07	Endorsement/Amendment/Conditions	New	0.00		UCC 10 09 09 07 - DELUXE COVERAGE S ENDORSEMENT 2.pdf
Approved	Commercial Regional Truckers Insurance Policy	UC 10 11 03 08	Other	New	0.00		UC 10 11 03 08 - COMMERCIAL . REG. TRUCKERS INS. POLICY JACKET - SN.pdf
Approved	Monthly Reporting Form	UCC GRMR	Declaration	New	0.00		UCC GRMR 01 07.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
TRUCKERS COVERAGE FORM

SCHEDULE

Name of Person or Organization:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

A. Section II – Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:

2. Exclusions

This insurance does not apply to:

- a.** "Bodily injury" or "property damage" for which the Person(s) or Organization(s) shown in the Declarations or Schedule is obligated to pay damages by reason of the assumption of liability in a contract or agreement.
- b.** "bodily injury", "property damage" or "covered pollution cost or expense" arising out of the sole negligence of the Person(s) or Organization(s) shown in the Declarations or Schedule.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TRUCKERS MISCELLANEOUS EQUIPMENT COVERAGE

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Countersigned By:
Named Insured:	(Authorized Representative)

PHYSICAL DAMAGE COVERAGE is changed to include the following Coverage Extension:

We will pay up to a maximum of \$2,500.00 for "loss" to miscellaneous equipment used to secure cargo on "trailers" owned or operated by you.

The amount we will pay under this endorsement will be reduced by a deductible of \$250.00 for each "loss".

"Miscellaneous equipment", as used in this endorsement, means binders, tarps, tie downs, chains and other similar equipment used to secure cargo on "trailers".



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – MOVEMENT OF OVERSIZE OR OVERWEIGHT CARGO

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

A. Liability Coverage is changed as follows:

This insurance does not apply to "bodily injury," or "property damage" arising out of and occurring during the course of the movement of **Oversize or Overweight Cargo** by an "auto" or "mobile equipment." The period of movement:

1. Begins when the cargo is loaded on to the covered auto
2. Ends when the unloading of the vehicle begins.

B. Changes In Definitions

For the purposes of this endorsement, the Definitions Section is amended to include the following:

1. "Movement of Oversize or Overweight Cargo" means - vehicular movement of cargo that exceeds legal limitations, regulations or requires prior permission from the state, local and/or toll authorities who directly control operation of such facilities or that subjects highway users to unusual hazard.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER – TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO COVERAGE PART

The provisions of the Coverage Form apply unless modified by this endorsement:

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured	Endorsement Effective Date
Insurance Co.	Countersigned By

(Authorized Representative)

SCHEDULE:

Policy Expiration Date: _____

Name of Person or Organization:

We waive any right of recovery we may have against the person or organization shown in the SCHEDULE on this endorsement because of payments we make for injury or damage arising out of your use of an "auto " under a contract with that person or organization. The waiver applies only to the person or organization shown in the SCHEDULE on this endorsement.

Your signature is required if this endorsement is added after the initial issuance of the policy and indicates you acknowledge and accept the provisions of this endorsement.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – SCHEDULED PERSON OR ORGANIZATION – PRIMARY OR NON-CONTRIBUTORY BASIS

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO COVERAGE PART

The provisions of the Coverage Form apply unless modified by this endorsement:

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured	Endorsement Effective Date
Insurance Co.	Countersigned By

(Authorized Representative)

SCHEDULE:

Policy Expiration Date: _____
Name of Person or Organization:

PREMIUM: ____ \$100 ____

A. Who is an Insured is changed to include as an "insured" the person or organization shown in the SCHEDULE on this endorsement but only with respect to liability arising out of the operations and activities of the Named Insured. The Insurance provided under this policy to the person or organization shown in the SCHEDULE on this endorsement is primary insurance and we will not seek contribution from any other insurance available to that insured; except that, if the person or organization shown in the SCHEDULE on this endorsement is solely liable for the "loss", this insurance shall be excess and shall contribute to the "loss" as set forth in the policy.

- B. The coverage provided by this endorsement shall be subject to all the terms, conditions and exclusions of the policy and all endorsements attached thereto.
- C. The Additional Insured is covered for an amount up to the Limit of Insurance required by an agreement you have with them or the policy's Limit of Insurance, whichever is less.

Your signature here indicates you acknowledge and accept the provisions of this endorsement.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DELUXE COVERAGES ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

SCHEDULE

Downtime/Rental Reimbursement:	()	Applicable	()	Not Applicable
Personal Effects:	()	Applicable	()	Not Applicable
Electronic Equipment:	()	Applicable	()	Not Applicable
Diminishing Deductible:	()	Applicable	()	Not Applicable

(If no entry appears above all coverages above apply unless information required to complete this endorsement is shown in the Declarations as applicable to this endorsement)

The following coverages A.-D., described by this endorsement are to be mutually exclusive of each other and constitute separate insuring agreements. These coverages are supplementary to the coverages offered in your Policy. Each coverage is provided only when the coverage is specifically listed in the above Schedule or is shown in the Policy Declarations. Definitions not included in this endorsement are those definitions in the Policy to which this endorsement is attached.

A. DOWNTIME/RENTAL REIMBURSEMENT COVERAGE

We will pay for "Downtime" in an amount of up to a maximum of \$150 each day, or \$750 a week, subject to a maximum of \$50,000 each "loss" incurred after the "Waiting Period".

"Downtime" includes:

1. "Loss" of "Business Income" you incur due to necessary suspension of your operations during the "Period of Restoration." The suspension must be caused by direct physical "loss" of or damage to a covered "auto" described in the Policy, caused by or resulting from any covered cause of "loss".

2. Extra expenses that minimize the suspension of your business operations and that you would not have incurred if there had been no direct physical "loss" of or damage to your covered "auto" caused by or resulting from a covered cause of "loss." This includes the rental of a reasonable substitute vehicle.

Definitions

"Business Income" means:

1. Net income, which is gross income less operating expenses before income taxes, that would have been earned or incurred; and
2. Continuing normal operating expenses incurred, including payroll.

"Waiting Period" means:

1. Seven days after we have given you our agreement to pay for appraised repairs and you have given "Authorization of Repair" or
2. If you choose to wait, or use your vehicle for some period of time before authorizing repair, then "downtime" coverage will begin on the seventh day after the date on which you authorize those repairs which we had previously give our agreement to pay.

“Authorization of Repair” means:

The “Insured’s” signing of the work order at the repair facility or the time when the repairs of the covered “auto” commence.

“Period of Restoration” means:

The period of time after the waiting period has been satisfied until the date when the covered “auto” has reasonably been scheduled to be repaired, rebuilt, or replaced.

Exclusions

1. We will not pay for “Loss” arising out of any dishonest or illegal act, alone or in collusion with another by you, others under your employment or service or any person or persons to whom the property may be entrusted.
2. We will not pay for “Downtime” for the period of time between the date of the “Loss” and our authorization to repair the vehicle.
3. “Period of Restoration” does not include any increased period required due to the enforcement of any ordinance or law that requires any “insured” or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effect of “pollutants.”

Other Insurance Provision

In the event of other insurance for the same “loss,” the coverage provided by this **Supplemental Coverages Endorsement** will be excess over any other collectible insurance.

B. PERSONAL EFFECTS COVERAGE

We will pay the lesser of actual cash value, repair cost or replacement cost, up to a limit of \$5,000 for any one “loss” subject to a \$250.00 deductible, for “loss” to personal property or effects of the “insured.” The property must be in the covered “auto” at the time of “loss.”

Exclusions

1. This coverage excludes “loss” of the following:
 - a. Accounts, bills, currency, deeds, evidence of debt, money, notes or securities.
 - b. Electronic equipment or tapes, records, discs, or other similar audio visual or data electronic equipment.
 - c. Jewelry, watches, necklaces, bracelets, or rings.
 - d. Precious metals and stones such as gems, gold, platinum or silver.
 - e. Furs.
 - f. Animals, birds, or fish
 - g. Motorized vehicles

2. This coverage excludes “loss” caused by the following:

Theft if, at the time of “loss” the covered “auto” is unattended, unless the “loss” is the result of forcible entry into such vehicle while all doors, windows, or other openings are closed and locked and provided there are visible signs or marks of forcible entry.

3. This coverage excludes:

Mysterious disappearance of the covered property, collision, conversion, embezzlement, secretion or any other intentional “loss” to the covered property.

Other Insurance Provision

In the event of other insurance for the same coverage, the coverage provided by this **Supplemental Coverages Endorsement** will be excess over any other collectible insurance.

C. ELECTRONIC EQUIPMENT COVERAGE

We will pay the lesser of actual cash value, repair cost or replacement cost, up to a limit of \$5,000 for any one “loss” subject to a \$250.00 deductible, for “loss” to electronic equipment, including satellite communication equipment, antennas, tapes, records, discs or other similar devices used with the electronic equipment and other accessories used for audio, visual, or data purposes. At the time of “loss” the equipment must be in or on the covered “auto.”

Exclusions

1. We will not pay for the following:
 - a. Equipment used to operate the covered “auto.”
 - b. Radar detection devices.
 - c. Actual data, however maintained.
 - d. Facts, concepts, or instructions converted to a form for use with electronic equipment
 - e. The cost to reproduce or replace information placed on electronic equipment.
 - f. “Loss” because of theft if, at the time of “loss,” the covered “auto” is unattended, unless the “loss” is the result of forcible entry into such “auto” while all doors, windows, or other openings are closed and locked and provided there are visible signs or marks of forcible entry.
 - g. “Loss” due to mysterious disappearance of covered property.
 - h. “Loss” from collusion, conversion, embezzlement, secretion or any other intentional “loss” to the covered equipment.

- i. Any satellite and satellite equipment, speakers, stereo equipment, computers and computer equipment, monitors or television not permanently installed to the vehicle.

Other Insurance Provision

In the event of other insurance for the same coverage, the coverage provided by this **Supplemental Coverages Endorsement** will be excess over any other collectible insurance.

# of loss free Years with Deductible.	The Deluxe Cov. Endmt Reduction
1	0%
2	25%
3	50%
4	75%
5	100%

D. DIMINISHING DEDUCTIBLE

1. The following is added to the PHYSICAL DAMAGE COVERAGE Section, Paragraph D. Deductible of the BUSINESS AUTO, MOTOR CARRIER, and TRUCKERS COVERAGE FORMS, and to "Deductible" of the INLAND MARINE COVERAGE FORMS DEDUCTIBLE;ENDORSEMENT:

For each consecutive policy period that you purchase this Deluxe Coverage Endorsement and you have not paid a Physical Damage or Cargo "loss" under any Business Auto, Motor Carrier, Truckers, or Inland Marine Cargo Coverage Form with us, your deductible stated in the declaration's page of each such Coverage Form with us will be reduced by the percentage indicated below:

If we pay a Physical Damage or Cargo "loss" during the policy term under Business Auto, Motor Carrier, Truckers, or Transportation Coverage Form you have with us, your deductible stated in the declaration's page of each such Coverage Form will not be reduced on any subsequent claims during the remainder of your policy term and your deductible reduction will revert back to 0% for each such Coverage Form if coverage is renewed.

State National Insurance Company, Inc.

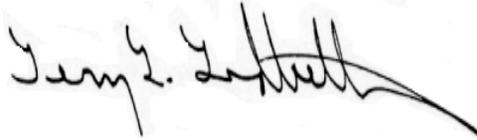
COMMERCIAL REGIONAL TRUCKING INSURANCE POLICY



The President and Secretary of State National Insurance Company, Inc. have signed this policy.



Secretary



President

THIS POLICY CONSISTS OF:

--- DECLARATIONS

--- ONE OR MORE COVERAGE PARTS. A COVERAGE PART CONSISTS OF:

- ONE OR MORE COVERAGE FORMS
- APPLICABLE FORMS AND ENDORSEMENTS

MONTHLY REPORTING FORM

Policy Number:

Insured Name:

ENDORSEMENT

This endorsement forms a part of the policy to which attached effective on the inception date of the policy unless otherwise stated herein. All reports are due by the 10th of each month. An internal audit will be done at the end of each month and an external audit done at the end of the policy term.

It is hereby understood and agreed the below reported amounts of gross receipts or mileage represents an estimated amount for the reporting period of: _____

Number of Power Units: _____

Amount of Receipts: _____

Amount of Miles: _____

Rate per \$100 of Receipts: _____

Rate per 100 Miles: _____

Installment amount: _____

Additional or Return premium due: _____

All other terms and conditions of this policy remain unchanged.

Date Prepared

Endorsement Number

Authorized Representative

SERFF Tracking Number: STNA-125473602 *State:* Arkansas
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Product Name: Commercial Auto
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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 03/05/2008

Comments:

Attachment:

NAIC Transmittal.pdf

Satisfied -Name: Third Party filing authorization **Review Status:** Approved 03/05/2008

Comments:

Attachment:

Authorization letter.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:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

3. Group Name	Group NAIC #
State National	0093

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
State National Insurance Company, Inc.	TX	12831	75-1980552	

5. Company Tracking Number	LG-UCC-AR-CA-001-F
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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
	Larry Wilk	Compliance Manager	847-700-9163 800-232-0631	847-228-4104	lwilk@univcas.com
	150 Northwest Point Blvd., Suite 200, Elk Grove Village IL 60007				
7.	Signature of authorized filer		<i>Larry Wilk</i>		
8.	Please print name of authorized filer		Larry Wilk		

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

9. Type of Insurance (TOI)	20.0000
10. Sub-Type of Insurance (Sub-TOI)	20.0004
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Regional Trucking program
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: Upon Approval Renewal: N/A
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	ISO

17. Reference Organization # & Title	All ISO form filing designations
18. Company's Date of Filing	2/25/08
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 #	LG-UCC-AR-CA-001-F
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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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We are filing our Regional Trucking program. The text of the forms is identical to those filed by Universal Casualty Company. The applicable Universal Casualty Company filing numbers are AR-PC-07-023012 and AR-PC-07-026323.

With this filing we are also adopting all of ISO's currently approved forms.

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 #: 28923
Amount: \$50

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.)**



February 20, 2008

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

**Re: Letter of Filing Authorization
State National Insurance Company, Inc.
Commercial Auto
Initial Form Filing**

Dear Ladies/Gentlemen:

This letter will certify that Universal Casualty Company has been given full authorization to submit the captioned filing on behalf of State National Insurance Company, Inc. This authorization extends to all correspondence related to the referenced filing only. It does not apply to any subsequent filings made after the approval of the referenced filing.

Please direct all correspondence in relation to this filing directly to Larry Wilk, CIDM, AIE, CPCU, Universal Casualty Company, 150 Northwest Point Blvd., Suite 200, Elk Grove, Illinois 60007. Should you have any questions concerning this filing, please contact Mr. Wilk at 847-700-9163 or by email at lwilk@univcas.com.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "David M. Cleff".

David M. Cleff
Senior Vice President and General Counsel

Cc: File (Avalon-UCC)

SERFF Tracking Number: STNA-125473602 *State:* Arkansas
Filing Company: State National Insurance Company Inc. *State Tracking Number:* #28923 \$50
Company Tracking Number: LG-UCC-AR-CA-001-F
TOI: 20.0 Commercial Auto *Sub-TOI:* 20.0004 Truckers
Product Name: Commercial Auto
Project Name/Number: Regional Trucking Program/LG-UCC-AR-CA-001-F

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Supporting Document	Uniform Transmittal Document- Property & Casualty	02/05/2008	