

SERFF Tracking Number: ELEC-125608433 State: Arkansas
Filing Company: Electric Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 2008-1
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Personal Auto
Project Name/Number: Auto Declarations page/2008-01

Filing at a Glance

Company: Electric Insurance Company

Product Name: Personal Auto

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto
(PPA)

Filing Type: Form

SERFF Tr Num: ELEC-125608433 State: Arkansas

SERFF Status: Closed

Co Tr Num: 2008-1

Co Status:

Author: Nancy Swasey

Date Submitted: 04/15/2008

State Tr Num: EFT \$50

State Status: Fees verified and
received

Reviewer(s): Alexa Grissom, Betty
Montesi, Brittany Yielding

Disposition Date: 04/17/2008

Disposition Status: Approved

Effective Date (New): 06/01/2008

Effective Date (Renewal):

07/15/2008

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

State Filing Description:

General Information

Project Name: Auto Declarations page

Project Number: 2008-01

Status of Filing in Domicile: Not Filed

Domicile Status Comments: Massachusetts has
a unique declarations page. The wording is not
on it.

Reference Organization:

Reference Title:

Filing Status Changed: 04/17/2008

State Status Changed: 04/17/2008

Corresponding Filing Tracking Number:

Filing Description:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Electric Insurance Company is filing our updated auto declarations page. We are removing the section entitled "DIVIDENDS". Electric has not paid dividends since 1990 and has no intention to pay dividends in the future. This information on the declarations page has caused many questions and inquiries from our policyholders. By eliminating this section, we are eliminating any confusion it may have caused.

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We are also updating the Loss Payable Section to include the current wording filed on our behalf by ISO.

Company and Contact

Filing Contact Information

Nancy Swasey, State Filing Analyst
 75 Sam Fonzo Drive
 Beverly, MA 01915

Nancy.Swasey@electricinsurance.com
 (800) 227-2757 [Phone]
 (978) 236-5648[FAX]

Filing Company Information

Electric Insurance Company
 75 Sam Fonzo Drive

CoCode: 21261
 Group Code: 57

State of Domicile: Massachusetts
 Company Type: Property &
 Casualty

Beverly, MA 01915
 (800) 227-2757 ext. [Phone]

Group Name: Electric
 FEIN Number: 04-2422119

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Electric Insurance Company	\$50.00	04/15/2008	19573593

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	04/17/2008	04/17/2008

SERFF Tracking Number: *ELEC-125608433* *State:* *Arkansas*
Filing Company: *Electric Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *2008-1*
TOI: *19.0 Personal Auto* *Sub-TOI:* *19.0001 Private Passenger Auto (PPA)*
Product Name: *Personal Auto*
Project Name/Number: *Auto Declarations page/2008-01*

Disposition

Disposition Date: 04/17/2008

Effective Date (New): 06/01/2008

Effective Date (Renewal): 07/15/2008

Status: Approved

Comment:

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	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Declarations Page	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Declarations Page	ED 0408 CW	04 08	Declaration Replaced s/Schedule	Replaced Form #: Previous Filing #:		Countrywide page 2.pdf



PERSONAL AUTO POLICY

RENEWAL AGREEMENT: If this is a Renewal Certificate (as indicated on the reverse side hereof) the following applies:

If you pay the premium shown on the reverse side of this agreement by the due date, we will extend your coverage for the policy period shown. The coverage extended will be that coverage for which a premium charge has been made and will be subject to all the terms of the policy so extended.

LOSS PAYABLE CLAUSE

Loss or damage under this policy shall be paid, as interest may appear, to you and the loss payee shown in the Declarations. This insurance with respect to the interest of the loss payee, shall not become invalid because of your fraudulent acts or omissions unless the loss results from your conversion, secretion or embezzlement of "your covered auto." However, we reserve the right to cancel the policy as permitted by policy terms and the cancellation shall terminate this agreement as to the loss payee's interest. We will give the same advance notice of cancellation to the loss payee as we give to the named insured shown in the Declarations.

When we pay the loss payee we shall, to the extent of payment, be subrogated to the loss payee's rights of recovery.

IN WITNESS WHEREOF, the company has caused this policy to be signed by its Secretary and President, but this policy shall not be valid unless countersigned on the face of this declarations by a duly authorized representative of this company.

A handwritten signature in cursive script that reads "David Keenan".

Secretary

A handwritten signature in cursive script that reads "Kimberly Kony".

Vice President

SERFF Tracking Number: *ELEC-125608433* *State:* *Arkansas*
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Rate Information

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State: Arkansas

Filing Company: Electric Insurance Company

State Tracking Number: EFT \$50

Company Tracking Number: 2008-1

TOI: 19.0 Personal Auto

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Product Name: Personal Auto

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

04/17/2008

Comments:

Attachment:

transmittal.pdf

Satisfied -Name: Cover Letter

Review Status:

Approved

04/17/2008

Comments:

Attachment:

dec letter.pdf

Property & Casualty Transmittal Document

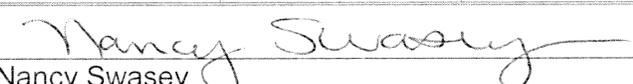
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Electric Insurance Company	MA	21261	04-2422119	

5. Company Tracking Number	2008-01-DEC
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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
	Nancy Swasey 75 Sam Fonzo Drive Beverly, MA 01915	State Filing Analyst	(800) 227-2757 ext. 5468	978-236-5468	nancy.swasey@electr icinsurance.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Nancy Swasey		

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

9.	Type of Insurance (TOI)	19.0
10.	Sub-Type of Insurance (Sub-TOI)	19.0001
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Personal Auto Policy
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: 6/1/08 Renewal: 7/15/08

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)		
17.	Reference Organization # & Title		
18.	Company's Date of Filing	4/15/08	
19.	Status of filing in domicile	<input checked="" 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 #	
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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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Electric Insurance Company is filing our updated auto declarations page 2. We are removing the section entitled "DIVIDENDS". Electric has not paid dividends since 1990 and has no intention to pay dividends in the future. This information on the declarations page has caused many questions and inquiries from our policyholders. By eliminating this section, we are eliminating any confusion it may have caused.

We are also updating the Loss Payable Section to include the current wording filed on our behalf by ISO.

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 #: Amount: \$50.00</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.)



75 Sam Fonzo Drive
Beverly, MA 01915
1-800-227-2757

April 15, 2008

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

Re: Electric Insurance Company (NAIC 21261)
Auto Declarations page 2

Dear Honorable Bowman:

Electric Insurance Company (NAIC 21261) hereby files a change to our current auto declarations page.

On the back we are deleting the DIVIDENDS section and revising the Loss Payable Clause to include the wording filed on our behalf by ISO.

Should you have any questions, please do not hesitate to contact me. I may be reached by email: nancy.Swasey@electricinsurance.com.

Sincerely,

Nancy Swasey
State Filing Analyst
(800) 227-2757 ext. 5468